

**REQUEST FOR DSS CAPACITY**  
**NATURAL GAS PIPELINE COMPANY OF AMERICA LLC**

Date Received	_____
Time Received	_____

This Request Incorporates the Provisions of  
Section 3.2 of Rate Schedule DSS

Shipper Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1. Service Type: DSS (Delivered Storage Service)
- 2. Requested Contract MDQ: \_\_\_\_\_ Dth/d
- 3. Requested Reservation Rate: \$ \_\_\_\_\_
- 4. Term of Service: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- 5. Primary Delivery Points and Point MDQs:

Name	PIN	MDQ
_____	_____	_____
_____	_____	_____

- 6. If Requested Contract MDQ not available, will accept less capacity: Yes \_\_\_ No \_\_\_

If "Yes", Minimum Acceptable Contract MDQ: \_\_\_\_\_ Dth/d

- 7. Requests will be binding on Shipper for two (2) business days unless this request states a shorter time period, or until the request is accepted or rejected by Natural, whichever occurs first. Please specify if the request is binding for a stated period which is less than two(2) business days: \_\_\_\_\_

- 8. Other Comments: \_\_\_\_\_

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Title

**Please fax Request for DSS Capacity  
to your Account Director, or to 303/984-3148**

<input type="checkbox"/> Accepted by _____
<input type="checkbox"/> Not Accepted by _____ Date/Time _____
<input type="checkbox"/> Subject to attached Deal Confirmation