



## Gas-In Nomination Form (EGASIN)

Business Party Name: \_\_\_\_\_

Market Pool Name: \_\_\_\_\_

Gas Scheduler Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Begin Date	End Date	Nom Cycle	Receipt Location	Upstream Contract	Rec. Vol (Unshr Dth)	Receipt Rank	Del. Vol (Shrunk Dth)	Package ID

Email to: [TSSsupport@natfuel.com](mailto:TSSsupport@natfuel.com) and [CzechowiczD@natfuel.com](mailto:CzechowiczD@natfuel.com)

If email is unavailable, fax to Transportation Services at (716) 857-7479

<b><u>FOR TRANSPORTATION SERVICES USE ONLY</u></b>	
Appvd. By _____	Date _____