



**National Fuel®**  
Transportation Scheduling System

## Market Pool Customer Assignment Form (EMPAM)

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

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

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

Month: \_\_\_\_\_

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

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

	Agg. Group # or Customer Account # (NY/PA DMT Pool Only)		Start Date	End Date	Jurisdictional Delivery Notification	Shortfall Rank	Excess Rank
	New	Del					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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

**FOR TRANSPORTATION SERVICES USE ONLY**

Appvd. By \_\_\_\_\_ Date \_\_\_\_\_