



**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, MaciokJ@natfuel.com, CzechowiczD@natfuel.com

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

**FOR TRANSPORTATION SERVICES USE ONLY**

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