



Production Pool Meter Assignment Form (EPPAM)

Business Party Name: _____	Today's Date: _____
Production Pool Name: _____	Month: _____
Gas Scheduler Name: _____	Eff Date: _____
Phone #: _____	
Active Confirmation? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	

<u>Gas Deliver Order Code:</u> Purchase First <input type="checkbox"/> Non-Purchase First <input type="checkbox"/> Pro Rata <input type="checkbox"/> Meter Rank <input type="checkbox"/>	<u>Excess Allocation Code:</u> Purchase All <input type="checkbox"/> <u>Excess Pool Type-PA Only:</u> Allocate All <input type="checkbox"/> DMT MMNGS By Meter Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	New	Del	Meter Number	Gas Delivery Order
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

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