



Production Pool PSI Maintenance Form (EPPSI)

Business Party Name: _____	Today's Date: _____
Production Pool Name: _____	Month: _____
Gas Scheduler Name: _____	Eff Date: _____
Phone #: _____	

	New	Del	Market Pool	PSI Rank	Max Nom Vol
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 _____