



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 and CzechowiczD@natfuel.com

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

FOR TRANSPORTATION SERVICES USE ONLY

Appvd. By _____ Date _____