



National Fuel

TRANSPORTATION SCHEDULING SYSTEM

SC-16 Group Assignment Form (ECBAA)

Business Party Name: _____

Today's Date: _____

SC-16 Group Name: _____

Month: _____

Market Pool Name: _____

Gas Scheduler Name: _____

Phone #: _____

Suppress Display
Of Imbalance

	New	Del	Customer Account Number	Start Date	End Date
1					

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 _____