



INTERRUPTIBLE SERVICE DISCOUNT REQUEST FORM

Please note that upon approval, this form will constitute formal documentation of the discount and become an amendment to the Service Agreement.

Shipper Name: _____ Telephone Number: _____
 Representative Name: _____ Fax Number: _____
 Address: _____ Email Address: _____

 Shipper Signature: _____ Service Agreement Number(s): _____

Date(s) For Which Discount is Requested: _____

Receipt Point:

Meter Name: _____ Discount Quantity: _____ Dth/day

Meter Number: _____

Requested Rate:

Delivery Point: _____ Base Rate: _____ (format \$0.0000/dth)

Meter Name: _____ ACA: _____ \$0.0013

Meter Number: _____ Fuel: _____ . _____ % (format 0.0%)

Please describe the costs of alternative options to shipping on Empire, including gas cost and transportation costs, where applicable:

<u>Cost Components</u>	<u>Using Empire</u>	<u>Competition</u>	<u>Comments / Justification</u>
Commodity Cost:	\$. _____	\$. _____	
Upstream Pipeline			
Total Rate:	\$. _____	\$. _____	
Fuel:	_____ %	_____ %	
Empire			
Total Rate:	\$. _____	\$. _____	
Fuel:	_____ %	_____ %	
Downstream Pipeline			
Total Rate:	\$. _____	\$. _____	
Fuel:	_____ %	_____ %	
Market Price	\$. _____	\$. _____	

For Office Use Only

Approved: Y N Entered by: _____ Approved Base Rate: \$ _____
 Approved by: _____ Date Entered: _____ Approved ACA Rate: \$ 0.0013
 Date Approved: _____ Cust. Notified: _____ Approved Fuel Rate: \$ _____ . _____ %

Daily Capacity Desk Fax: 716/857.7648 Phone: 716/857.7924