NOMINATION AMENDMENT REQUEST FORM

Select National Fuel Gas Supply Corporation or Empire Pipeline and fill in each field. Email the completed form to GasAccounting_Supply@natfuel.com.

Please note handwritten forms will not be accepted.

	latio	nal Fuel®		National Fuel® Empire Pipeline			
NATIONAL FUEL GAS SUPPLY CORP. TSP 007912959 EMPIRE PIPELINE, INC. TSP 609775049							
For a	II inquiries	call 716-867-6978 or co	ontact us via em	ail at GasAcc	counting_Supply@natfuel.com		
Begin Date @ 9:00am CT			SVC R	SVC Req Name			
End Date @ 9:00am CT			SVC R	eq Duns			
Contact Phone Number			SVC R	eq K			
I certify that all information on this form is true and accurate, and have the proper authority to complete this form on behalf of my company. (Must be Security Administrator or listed under Imbalance Resolution with National Fuel Gas Supply Corp. or Empire Pipeline)							
RECEIPT				DELIVERY			
Rec Loc			Del Lo	C			
Up K			Dn K				
Up ID			Dn ID				
Rec Qty			Del Q	ty			
Rec Rank			Del Ra	ank			
Activity Code			Path (Component			
For TSP Use - Please	do not wri	te in this area.					
Approved By:				Date:			