



APPALACHIAN POOL CONFIRMATION FORM

Please note handwritten forms will not be accepted.

Pool Operator Company Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Requesting New Pool: ☐ YES ☐ NO

If "NO" then Identify Current Loc Prop: _____

Appalachian Zone Pool Assignment: _____

(Description of App Zones 1 - 9 can be found in the NFGSC Tariff as well as in the Pooling Rules & Policies Document located on our website under Informational Posting/Forms.)

Identify ALL Meter ADDITIONS:

<u>Meter ID</u>	<u>Meter ID</u>	<u>Meter ID</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identify ALL Meter DELETIONS:

<u>Meter ID</u>	<u>Meter ID</u>	<u>Meter ID</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted Date: _____
(Before 9:00 am central time on the 20th day of the month preceding the desired addition/deletion)

Proposed Effective Date: _____ (Must be 1st of the month unless requesting NEW pool)

Pool Operator Authorizing Name (Print): _____

☐ 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 Pool Change Authorizer or Security Administrator with NFGSC)

Appalachian Pools are established for the calendar month and month-to-month thereafter.

Completed Form to be submitted to:

Commercial Services/Gas Accounting Dept.
Attn: Sherrie M. Larivey
Email: GasAccounting_Supply@natfuel.com

Gas Accounting Department:
Phone: 716-857-6978

For NFGSC Company use only:

NEW Loc Prop Number Assigned: _____ Operator ID: _____

NEW Loc Prop Name Assigned: _____ County: _____

Pool Confirmation Approved By: _____ Date: _____

This completed Pool Confirmation Form supersedes previous Pool Confirmation Forms currently on file with NFGSC and will remain in effect until a new Pool Confirmation Form is submitted.