



# TRANSPORTATION SERVICE REQUEST

For Assistance or Questions please contact: [rig-conadmin@regencygas.com](mailto:rig-conadmin@regencygas.com)

Upon completion, use the **Submit Button** at the end of the document to email form – or fax to: Contract Administration (214)750-1749 – or mail to: **Regency Intrastate Gas LP**

Attn: Contract Administration  
2001 Bryan Street, Suite 3700  
Dallas, Texas 75201

## SHIPPER INFORMATION

LEGAL NAME \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*Enter phone and fax numbers as follows: 214-750-1749*

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

TAX ID# \_\_\_\_\_ DUNS# \_\_\_\_\_

*Who may we contact concerning this Service Request? Please provide name, phone and email. (Enter phone number as follows: 214-750-1749)*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

*Who may we contact concerning this Credit Requirements? Please provide name, phone and email. (Enter phone number as follows: 214-750-1749)*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## SHIPPER: FOR CORRESPONDENCE

ATTENTION \_\_\_\_\_ DEPT \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*Enter phone and fax numbers as follows: 214-750-1749*

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

SHIPPER: FOR INVOICES/PAYMENTS

ATTENTION \_\_\_\_\_ DEPT \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*Enter phone and fax numbers as follows: 214-750-1749*

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

SHIPPER: FOR SCHEDULING

ATTENTION \_\_\_\_\_ DEPT \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*Enter phone and fax numbers as follows: 214-750-1749*

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PERSON WHO WILL EXECUTE THE CONTRACT

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDITIONAL SHIPPER INFORMATION/COMMENTS

Empty text area for additional shipper information or comments.

**REQUEST TYPE**

REQUEST IS FOR *(check as appropriate)*

- New Transportation Service Agreement
- Amendment to Existing Agreement

TYPE OF SERVICE REQUEST

- Firm Transportation
- Interruptible Transportation

**TERM**

*Use the date picker or enter date as follows: mm/dd/yyyy*

BEGIN DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

**GAS QUANTITY**

**FIRM TRANSPORTATION**

**INTERRUPTIBLE TRANSPORTATION**

Maximum Daily Quantity (MMBtu):

Maximum Daily Quantity (MMBtu):

**TRANSPORTATION RATE**

ARE YOU REQUESTING A DISCOUNTED RATE?      Yes      No

If Yes, please specify requested rate(s) in terms of price per MMBtu per Day

FIRM SERVICE	INTERRUPTIBLE SERVICE
Reservation Charge:	Transportation Charge:
Commodity Charge:	Authorized Overrun Charge:
Authorized Overrun Charge:	

If Regency is unable or unwilling to provide service at the requested discounted rate, are you willing to pay the maximum rate(s) for the requested service?

Yes      No

**IDENTIFICATION OF POINTS** Please identify the receipt and delivery points requested under firm and/or interruptible transportation service as well as the maximum receipt and delivery points obligations in MMBtu per day. Attach additional sheets, if necessary. In the case of the construction of facilities which have already been approved and for which a Facility Agreement has been executed, please identify the location of said facility.

FIRM TRANSPORTATION SERVICE							
RECEIPT METER #	RECEIPT METER NAME	PRIMARY / SECONDARY	MRPO MMBtu	DELIVERY METER #	DELIVERY METER NAME	PRIMARY / SECONDARY	MDPO MMBtu

INTERRUPTIBLE TRANSPORTATION SERVICE			
RECEIPT METER #	RECEIPT METER NAME	DELIVERY METER #	DELIVERY METER NAME

ADDITIONAL SHIPPER INFORMATION/COMMENTS	
Are you requesting the construction of additional facilities?	Yes      No
If so, please describe the facilities:	

IDENTIFICATION OF PARTY

Please identify the interstate pipeline or local distribution company served by an interstate pipeline that shall serve as the "on behalf of" party required under Section 311 (a) (2) of the NGPA: *(If extra space is required, please use additional sheets)*

Section 311 service will be "on behalf of"	which is a(n):	- DRN #
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By accepting this Transportation Service Request form, Regency Intrastate Gas LP ("RIG") does not guarantee service and nothing herein shall be construed as binding RIG. This request for service will be evaluated based on the terms as set forth in the Operating Statement of RIG pursuant to Section 284.123(e) and currently on file with the Federal Energy Regulatory Commission of the United States of America.