

RULES AND REGULATIONS  
FOR THE TRANSPORTATION OF NATURAL GAS (Cont.)

HOPE GAS, INC.  
dba DOMINION HOPE  
TRANSPORTATION REQUEST FORM

Customer Name \_\_\_\_\_ Account # \_\_\_\_\_

Customer Classification (RS, SGS, LGS, LCI, WS) \_\_\_\_\_

Facility Location \_\_\_\_\_

Street City County

Mailing Address \_\_\_\_\_

Street or P. O. Box

City State Zip

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

State of Incorporation (if applicable) \_\_\_\_\_

Source of Supply to be Transported \_\_\_\_\_

Intervening Pipeline(s) \_\_\_\_\_

Maximum Daily Transport Quantity \_\_\_\_\_

Est. Monthly Consumption: Jan. \_\_\_\_\_ dt July \_\_\_\_\_ dt

Feb. \_\_\_\_\_ Aug. \_\_\_\_\_

Mar. \_\_\_\_\_ Sep. \_\_\_\_\_

Apr. \_\_\_\_\_ Oct. \_\_\_\_\_

May \_\_\_\_\_ Nov. \_\_\_\_\_

June \_\_\_\_\_ Dec. \_\_\_\_\_

TOTAL \_\_\_\_\_ dt

Requested By \_\_\_\_\_

(Please sign)

Date \_\_\_\_\_

Mail to: HOPE GAS, INC.,  
dba DOMINION HOPE  
P. O. Box 2868  
Clarksburg, WV 26302-2868

Hope Gas, Inc., dba Dominion  
Hope Use Only  
Request No. \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Time Rec'd \_\_\_\_\_  
By \_\_\_\_\_