

**THE BERKSHIRE GAS COMPANY
CUSTOMER NOMINATION FORM FOR TRANSPORTATION SERVICE**

**FOR THE MONTH OF _____, 1997
Effective Nomination Date: _____, 1997**

To: **Berkshire Gas Dispatch Office** Phone # (413) 448 - 2298 Fax # (413) 442 - 7500
 Date: _____ Customer Account # _____
 Customer: _____ Customer AIS# _____

 _____ Trade Monthly Imbalance Yes _____ No _____

Cust Contact: Phone # () - Fax # () -
 Agent: Phone # () - Fax # () -
 Supplier: Tenn Transportation # _____ Customer Priority # _____
 (99 Highest - 00 Lowest)

Service: Quasi-Firm: _____ Firm Standby: _____ Interruptible: _____
 Customer MDTV: _____ Ccf MDSV: _____ Ccf IT Rate: _____

Receipt Point _____ Receipt Meter _____ Delivery Meter _____

Day	Receipt Point MMBTU	Estimated BTU Content	Receipt Point Mcf	Receipt Point Ccf	Co. Use & Fuel Loss/ Ccf - 1%	Delivery Point Ccf
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total						

Berkshire/Tenn Confirmation Number **682** By _____
 CC: To _____ Its _____

**Note: All nominations will rollover until a nomination change is received
 Mid-Day nomination changes do not effect rollovers**

