

SERVICE REQUEST FORM FOR  
INTERRUPTIBLE TRANSPORTATION SERVICE  
PURSUANT TO SECTION 311

Any party requesting gas transportation service on Transporter's system must complete a Service Request Form in keeping with Section 3 of the General Terms and Conditions of Transporter's currently effective FERC Corning Intrastate Transportation

Completed Service Request Forms shall be forwarded to:

Corning Natural Gas Company  
330 West William Street  
Corning, New York 14830  
Attn: Russell S. Miller  
607-936-3755 Business  
607-962-2844 Facsimile

No request for service shall be considered until a completed Service Request Form is received by Transporter.

1. Parameters of Service

Receipt Point For IT Service	Maximum Input Quantity	Maximum and Minimum Pressure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delivery Points For IT Service	Maximum Equivalent Quantity	Maximum and Minimum Pressure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) Maximum Transportation Quantity: \_\_\_\_\_

2. Date Service is requested to Commence: \_\_\_\_\_

3. Date Service is requested to Terminate: \_\_\_\_\_

SERVICE REQUEST FORM FOR  
INTERRUPTIBLE TRANSPORTATION SERVICE  
PURSUANT TO SECTION 311

4. Requesting Party (Complete Legal Name): \_\_\_\_\_

(a) Type of Legal Entity: \_\_\_\_\_

(b) State of Incorporation: \_\_\_\_\_

(c) Shipper is (Check one):

\_\_\_ Interstate pipeline      \_\_\_ Intrastate pipeline

\_\_\_ End-User                \_\_\_ LDC

\_\_\_ Marketer                \_\_\_ Producer

\_\_\_ Other \_\_\_\_\_      \_\_\_ Broker

If Shipper is acting as agent in arranging this service, specify below each principal (complete legal name, type of legal entity and state of incorporation) and its respective type of company (Shipper must supply agency agreements for each principal).

\_\_\_\_\_  
\_\_\_\_\_

5. Are additional or new facilities required to be installed or constructed by any party which are necessary for receipt of gas by Transporter or for delivery to and/or utilization of gas by the Shipper or direct or indirect customers of the Shipper? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name and full title of officer (or general partner) of Shipper who will execute the Transportation Service Agreement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Contact Person for Request: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Facsimile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

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PURSUANT TO SECTION 311

8. Twenty-four hour contact person for purposes of dispatching gas to and from receipt and delivery points:

24 hour contact: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
\_\_\_\_\_

9 . (a) Shipper Certification:

Shipper hereby certifies that Shipper has title or current contractual rights to acquire title to the gas supply for which transportation service is requested and that Shipper has or will enter into all contractual arrangements necessary to ensure that all upstream and downstream transportation is in place prior to the date on which service is requested to commence.

Shipper hereby certifies that the gas to be tendered for transportation meets the specifications for natural gas quality and Btu content specified in the Statement of Operating Conditions on file at the Federal Energy Regulatory Commission for this service.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

9.(b) Service Request By Affiliate of Transporter (if applicable)

Affiliation of Shipper with Transporter: \_\_\_\_\_