

<u>CC</u>	MPLETE AND RETURN ORIGINAL TO	Please print clearly the follo	owing information:
NCTransAdmin@DominionEnergyNC.com		Account Name:	
		Account Number:	
	RATE 160 PROGRAM – ALT FOR THE MONTH OF		
	Request for Sales Special Service Rate Re	quest for Transportation Special Se	rvice Rate
FO	R THE ABOVE REFERENCED ACCOUNT:		
1.	Expected consumption [DT per month]		DT
2.	Type of alternate fuel that you <u>currently</u> burn	when curtailed:	
	Propane #5 Oil #2 Oil #6 Oil 2.1 % s #4 Oil #6 Oil .5% su #6 Oil	sulfur Ifur	
3.	Current unadjusted price in effect between the and the first day of the following month:	ne 25th of the current month	\$/gallon
4.	Current freight cost to your plant:		\$/gallon
5.	SUBTOTAL:		\$/gallon
6.	TAX @% (Enter tax as a decimal	valuee.g. 6.5% = .065)	\$/gallon
7.	TOTAL DELIVERED COST TO CUSTOMER:		\$/gallon
8.	CITY GATE COST FOR NATURAL GAS DELN [if requesting Transportation Special Service		\$/DT
PL	EASE PRINT OR TYPE: Account Name:		
	Contact Name:		
	Title:		
	E-mail:		
	Phone:		

The above information is correct to the best of my knowledge and is provided to induce PSNC to offer service under its Rate 160 Program. I understand that all equipment on this account must be capable of burning the same type of alternate fuel and able to accept <u>total</u> curtailment on two hours' notice. I also understand that natural gas service under Rate Schedule No. 160 may be the first gas curtailed and that any misrepresentation of alternate fuel capability or price constitutes unauthorized gas usage and is subject to penalties or legal action. I agree to notify PSNC immediately if any of the information provided should change.

Signature

Date

PLEASE COMPLETE THIS FORM AND EMAIL TO PSNC FOR RECEIPT NO LATER THAN 2 P.M. ON THE TRANSPORTATION NOMINATION DEADLINE DATE EACH MONTH. PSNC WILL BE UNABLE TO PROVIDE RATE 160 SERVICE IF THIS INFORMATION IS RECEIVED AFTER THE DEADLINE. Form GS-005 (Rev. 4/29/19)