

Request to Purchase Releasable Capacity

Service Requester Name: _____

Contact Name: _____ Contact E-mail: _____

Contact Phone: _____

Service Area: Production Market

Quantity: _____ Dth (Maximum Daily Transportation Quantity)

Receipt Location(s): _____ Delivery Location(s): _____

Term: Begin Date:

End Date:

Storage Area: Production Market

Maximum Storage Quantity: _____ Dth

Term: Begin Date:

End Date:

Other Terms and Conditions: _____

Print, Scan, then E-mail this form to: SSCContractAdministration@sscgp.com