



Nicor Gas
Gas Transportation
Customer Service Center

P.O. Box 190
Aurora, IL 60507-0190
630 983-4040

**Transfer Request for SBS / FBS Contract Quantities
Rates 74, 75, 76 and 77**

Complete the necessary contract information on the reverse side of this form.

Requesting Customer

Customer name _____ Account/Group No. _____ Rate _____

Contact name _____ Telephone (____) _____

Nicor Gas agrees to transfer SBS capacity of _____ therms or FBS capacity of _____ therms.

Receiving Customer

Customer name _____ Account/Group No. _____ Rate _____

Contact name _____ Telephone (____) _____

Requests for transfers of SBS and FBS will be accepted only from Customers served under Rates 74, 75, 76 or 77 to another Customer served under Rates 74, 75, 76 or 77.

This transfer shall be effective for each party on the first day of the billing period after the request is received by the Company and will stay in effect for the remainder of the contract period (June 1). Customers must retain a minimum capacity of one MDCQ.

The Customer requesting this transfer agrees that if the receiving Customer disputes this transfer, Nicor Gas will reverse the transfer.

Except as hereby amended, all terms and conditions of the referenced Contract remain in full force and effect.

For Nicor Gas

Date received _____

Accepted by _____

Official capacity _____

Date accepted _____

For the Customer

Customer's Name _____

Accepted by (please print) _____

Signature _____

Official capacity _____

Telephone (____) _____

Fax (____) _____

Date accepted _____

I. SBS Transfers

	Account Number	Current SBS	Revised SBS
Requesting Customer			
Receiving Customer			

Company Use Only

Revised Maximum Daily Nominations

Period	Requesting Customer		Receiving Customer	
	Account Number	Group, if applicable	Account Number	Group, if applicable
April				
May				
June				
July				
August				
September				
October				

II. FBS Transfers

	Account Number	Current FBS	Revised FBS
Requesting Customer			
Receiving Customer			

8025 9-05