



Nicor Gas
Gas Transportation
Customer Service Center

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

Transfer Request for Excess Storage Balance

Requesting Customer

Customer name _____ Account/Group No. _____

Contact name _____ Telephone (____) _____

Nicor Gas agrees to transfer _____ terms from the requesting Customer for the period billed from _____ to _____ to the receiving customer as referenced.

Receiving Customer

Customer name _____ Account/Group No. _____

Contact name _____ Telephone (____) _____

Requests for transfers of excess storage will be accepted up to **20 days** after the date of issue of the bill containing the excess storage charge. Such excess balance shall be effective with the beginning storage balance for the month in which the request was made.

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 _____