



Nicor Gas
Gas Transportation
Customer Service Center

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

Company Use Only	
Effective date ____/____/____	
Maximum daily Contract Quantity (MDCQ) _____	
Maximum Daily Nomination (MDN):	
April _____	Aug _____
May _____	Sept _____
June _____	Oct _____
July _____	

**Storage Change Request
Amendment to Contract for Transportation Service
Rates 74, 75, 76 and 77**

Group/Transport I.D. No. _____

Group Manager or Authorized Agent _____

Address _____

Except as hereby amended, all terms and conditions of the referenced contract remain in full force and effect.
Indicate for each customer the **total** of (A) MDCQ days or (B) Therms requested. Fill out one column (A or B) only.

Customer Name	Service Address/Town	Account Number	Rate	MDCQ	SBS	
					A MDCQ Days	B Therms
1						
2						
3						
4						
5						

For additional accounts, use reverse side.

Company Use Only _____

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 _____

Customer Name	Service Address/Town	Account Number	Rate	MDCQ	SBS	
					A MDCQ Days	B Therms
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						