



### NorthWestern Energy - South Dakota & Nebraska Transportation Service Designation

This form shall designate the responsibility of the various parties in the delivery of transportation service. The information listed shall be assumed to be correct until a revised form is received by NorthWestern Energy.

Customer Name: \_\_\_\_\_

Customer Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Customer Address - Gas Delivery Point: \_\_\_\_\_

Meter Number(s): \_\_\_\_\_

Effective Date (first of month): \_\_\_\_\_

Gas Supplier: \_\_\_\_\_

Gas Supplier Contact Name: \_\_\_\_\_

**Nominations:**

The nominations for the delivery point(s) listed above will be made by the party designated below.

\_\_\_\_\_ Customer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Supplier Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Usage Information**

The usage information for the delivery point(s) listed above will be sent to the party designate below.

\_\_\_\_\_ Customer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Supplier Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Billing**

The transportation billing for the delivery point(s) listed above will be sent to the party designated below. The Customer shall be responsible for the amount billed regardless of the party designated.

\_\_\_\_\_ Customer (will be sent to address listed on agreement)

\_\_\_\_\_ Supplier Address: \_\_\_\_\_

The Customer is responsible for notifying NorthWestern Energy of changes to the above information 3 work days prior to the beginning of the month that the changes are to take effect. Please return this document via fax to (605) 353-8346.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_