

## **Expansion Capacity Relocation Request Form**

Customer Information	
Company Legal Name*:	("Prospective Customer")
Contact Name*:	_
Telephone Number*:	
Email Address*:	_
Relocation of Expansion Capacity to Com	nmon Capacity Information
Select Delivery Service Type*: ☐ FT-D2	□ FT-D3
FT-D Delivery Contract Demand (GJ/d)*:	
End User Facility Legal Location*:	
Requested Type of Meter Station Connectiv Note: NGTL has sole discretion on the type of connectivity.	ity*:
$\square$ <b>Existing</b> . If existing, please specify the ex	isting meter station name and number*:
Note: If request is at an existing meter station, the requested	service type must match the existing service type at the station.
	OR
$\square$ <b>New</b> . If new, please specify preferred tie-	in legal location (adjacent to NGTL/ATCO ROW)*
Note: This location will be taken into consideration but is not	guaranteed.
Planned facility minimum operating pressur Note: As set out in the Tariff, NGTL does not have an obligation	
Minimum Flow (GJ/d):	
Downstream Gas Usage:	
□ Industrial	□ Power
☐ Residential/Commercial	☐ Other:
An asterisk (*) indicates a mandatory field. If	a mandatory field is not filled out, this relocation request

submitted for pre-assessment prior to July 19, 2024 and/or at time of bid submission will not be

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evaluated.

## **Result of Pre-Assessment Request**

NGTL has completed the pre-assessment of the requested location provided above and has determined that as of [insert date]:
$\square$ the requested location would qualify for relocation
$\square$ the requested location would not qualify for relocation

## **Pre-Assessments and Relocation Requests**

For details on Open Season bidding, allocation, pre-assessments, relocation request and awarding processes, please refer to the Customer Express posting through this <u>link</u>.

This pre-assessment is not a guarantee or approval of a potential relocation request of awarded Expansion Capacity and does not guarantee an award of Expansion Capacity.