

### COST ESTIMATE REQUEST FORM

Customer Name:	
Address:	
Business Contact Name:	
Phone and Email:	
Customer Engineering Contact:	
Request meeting with Business Development/Marketing Rep:	Yes _____ No _____
Pipeline for Cost Estimate: <small>*Please Select One</small>	
Desired Cost Estimate Completion Date:	

#### PROJECT DESCRIPTION

#### GAS VOLUME, GAS COMPOSITION, AND PRESSURE COMPONENTS

Min Expected Volume (Dth/d):	
Max Expected Volume (Dth/d):	
Normal Expected Volume (Dth/d)	
Peak Hourly Flow Rate (Dth/h)	
Future Growth at Location:	Yes _____ No _____
Gas Quality Available:	Yes _____ No _____
Gas Quality Attached:	Yes _____ No _____
Direction of Gas Flow: <small>*Please Select One</small>	
Minimum Operating Pressure (psig):	
Maximum Operating Pressure (psig):	
Preferred Operating Pressure (psig):	
Connecting party Maximum Allowable Working Pressure (psig):	
Customer to provide overpressure protection:	Yes _____ No _____

#### PROJECT LOCATION

Existing MAP:	
MAP Name and Number:	
Legal Description:	
Existing Agreement at Location:	Yes _____ No _____
Location Description (GPS location preferred):	
Site map information:	
Land Access/Row:	
Electricity at Site:	Yes _____ No _____
Data Feed at Site:	Yes _____ No _____

ADDITIONAL PROJECT INFORMATION	
Desired Facility In-Service Date:	
Cost Estimate Level: *Please Select One	
Anticipated Payment for Project: *Please Select One	
*Odorization:	Pipeline does not provide odorizing services for new tie-ins

The signature of Customer's authorized representative below signifies Customer understanding of Pipeline's tap request procedure and agreement. Should Customer fail to execute an Interconnect Agreement within six calendar months from date of this request, Pipeline will consider the initial tap request null and void.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Title: \_\_\_\_\_