Legal Contractual Name:

For Multiple Facilities
or Multiple Meters

Gas Distribution Application & Agreement Attachment

Address	PCID	Human Needs	Alt. Fuel Type	Daily Metered Equipment Outage Election	Daily Standby (thm)*	DIS Rate	Unit/ Book	Bank Tolerance Percentage	Retainage	Daily Read	GMB #	Contract #	Maximum Daily Quantity (thm)	Annual Maximum Daily Quantity (thm)
	PSID		% Alt. Fuel		Annual Standby (thm)*	GTS Rate	PSP					Nom #		
	SIC code		Standby Service*		% Standby*	Standby Rate	POD				M.S. #	Invoice #	Maximum Daily Quantity (Dth)	Annual Maximum Daily Quantity (Dth)
		☐ Yes		☐ MDQ Option				☐ 5.0	☐ System	☐ OMO				
		☐ No	☐ Yes ☐ No	☐ Usage Option				☐ 10.0	☐ 1.0%	☐ OFO				
		☐ Yes		☐ MDQ Option				☐ 5.0	☐ System	☐ OMO				
		☐ No	☐ Yes ☐ No	☐ Usage Option				☐ 10.0	☐ 1.0%	☐ OFO				
		☐ Yes		☐ MDQ Option				☐ 5.0	☐ System	☐ OMO				
		☐ No	☐ Yes ☐ No	☐ Usage Option				☐ 10.0	☐ 1.0%	☐ OFO				
		☐ Yes		☐ MDQ Option				☐ 5.0	☐ System	☐ OMO				
		☐ No	☐ Yes ☐ No	☐ Usage Option				☐ 10.0	☐ 1.0%	☐ OFO				
		☐ Yes		☐ MDQ Option				☐ 5.0	☐ System	☐ OMO				
		☐ No	☐ Yes ☐ No	☐ Usage Option				☐ 10.0	☐ 1.0%	☐ OFO				
		☐ Yes		☐ MDQ Option				☐ 5.0	☐ System	☐ OMO				
		☐ No	☐ Yes ☐ No	☐ Usage Option				☐ 10.0	☐ 1.0%	☐ OFO				

FOR COLUMBIA PERSONNEL USE ONLY (columns Daily Standby through Annual Maximum Daily Quantity)

FOR COLUMBIA PERSONNEL USE ONLY

Customer's Signature: ______________________ Date: __________

Printed: ______________________

*** Subject to Company Approval.**

Updated 1/17/2024