

**APPLICATION FOR SERVICE: REQUEST FOR NEW OR MODIFIED DELIVERY MEASUREMENT FACILITY**

Complete this form to request delivery service on the Canadian Mainline System that requires new delivery facilities or modifications to existing delivery stations.

**APPLICATION DATE** \_\_\_\_\_

**CUSTOMER INFORMATION**

Company Name	
Address	
Telephone No.	
Fax No.	

	Technical Contact Information	Commercial / Other Contact Information
Contact Name		
Telephone No.		
Email Address		

**DELIVERY INFORMATION**

**Delivery Station Information**

Requested In-Service Date: \_\_\_\_\_

Type of Request (please indicate an “x”)

- New Delivery Station
- Existing Station – Capacity Expansion at the existing station
- Existing Station - Other Modifications \* at the existing station

\* Other Modifications refers to non-capacity related modifications; for example, a request for telemetry information

**If New Station Request:**

Preferred location (location description; attach map if available):

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**If Existing Station Request:**

Delivery Station name and/or description of location: \_\_\_\_\_

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Downstream Gas Usage (check, and indicate %)

\_\_\_% Residential / Commercial

\_\_\_% Storage

\_\_\_% Industrial

If Industrial, check all that apply:

Electric Power Generation

Cogeneration

Petrochemical Feedstock or Fuel

Ethanol

Other \_\_\_\_\_

Alternate fuel Switchability?  Yes  No

If “Yes”, alternate fuel type: \_\_\_\_\_

Requested Operating Pressure \_\_\_\_\_ kPa

Minimum Acceptable Pressure \_\_\_\_\_ kPa

Connecting Pipe: Licensed MOP \_\_\_\_\_ kPa

**NOTE:**

Please complete the information in **Appendix A: – Three Year Volume Projection for New or Modified Meter Station.**

**APPLICATION SUBMITTED BY:**

Name (print): \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

