

**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: \_\_\_\_\_  
\_\_\_\_\_

Downstream Gas Usage (check, and indicate %)

 \_\_\_% Residential / Commercial \_\_\_% Storage \_\_\_% IndustrialIf 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: \_\_\_\_\_

**APPENDIX A: Three Year Volume Projection for New or Modified Meter Station**

**Three year projection of expected volumes (10<sup>3</sup>m<sup>3</sup>)**

Delivery Estimate Nov. 1 - Oct. 31	20__ to 20__ . (10 <sup>3</sup> m <sup>3</sup> )	20__ to 20__ . (10 <sup>3</sup> m <sup>3</sup> )	20__ to 20__ . (10 <sup>3</sup> m <sup>3</sup> )
Max Hour - Winter			
Max Hour - Summer			
Min Hour - Winter			
Min Hour - Summer			
Max Day - Winter			
Max Day - Summer			
Min Day - Winter			
Min Day - Summer			
Annual Volume			

**In the space below, please elaborate on the following and add additional comments or clarifications if required**

- a) Incremental daily and annual volumes resulting from this request
- b) New market(s) to be served (ie. residential, commercial, industrial)
- c) Requestor's proposed facilities to serve its new market

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