



Cheyenne Connector, LLC

Date: _____

GID: _____
Tab thru Fields

Shipper Name: _____

Shipper Address: _____

Contact Person: _____

Telephone: _____
Fax: _____
Email: _____
DUNS Number: _____

Shipper Affiliation with Transporter: _____

State of Incorporation of Shipper: _____

Shipper Designation: _____

- Local Distribution Company Intrastate Pipeline Company Interstate Pipeline Company
- Producer End User Marketer

Information Update: Any change in the facts or information provided by Shipper in its request for service, whether before or after service begins, must be promptly communicated to Transporter.

Service Requested: **Firm (FTS)** **Interruptible (ITS)** **PALS**
 PAWS **Other**

Term Begin: _____

Term End: _____
(ITS, PALS and PAWS are month-to-month)

Maximum Daily Quantity: _____



Cheyenne Connector, LLC

For FTS only:

(The total receipt point capacity must equal the total delivery point capacity)

Primary Receipt PIN(s): _____ Primary Receipt Point Quantity (Dth/d): _____
Primary Delivery PIN(s): _____ Primary Delivery Point Quantity (Dth/d): _____

Requested Reservation Rate: _____

For PALS only:

Maximum Aggregate Quantity: _____ (Dth)

Point Change Requests (for existing contract):

- Service Agreement Number _____
- Current Receipt/Delivery Point Combination _____
- Requested Receipt/Delivery Point Combination _____
- Requested Capacity _____
- Requested Reservation Rate at New Points _____
- Requested Effective Date and Term _____

Other Requests: _____

Requester Signature: _____ ***Date:*** _____

Note: A shipper wishing to obtain service must first comply with the creditworthiness requirements as set forth in Cheyenne Connector’s tariff.

Please return this completed request form to: CCP@TALLGRASSEENERGYLP.COM

Cheyenne Connector, LLC
Attention: Account Services
370 Van Gordon Street
Lakewood, Colorado 80228

Telephone: (303) 763-2950