



Authorization to Post Imbalances

Transportation Service Provider Name: _____

Transportation Service Provider TSP: _____

Service Requester Name: _____

Service Requester (GID/BA #): _____

Service Requester Contact Name: _____

Service Requester Contact Phone Number: (_____) _____ - _____

Service Requester Title: _____

Authorization Effective Date: _____

Authorization Indicator: ____ NO ____ YES

Request/Form Update: ____ New ____ Edited Form

Note: Imbalances will be posted monthly until a change of Authorization to Post Imbalances is received.

Please send completed form to customer.support@talgrassenergylp.com