

E-mail Address

GAS TRANSPORTATION CUSTOMER REQUEST FOR CURRENT MONTH BALANCE TRANSFER

Consumers Energy Company
Gas Transportation Services Department
One Energy Plaza
Jackson, MI 49201-2357
E-mail: gasnomsys@cmsenergy.com

____ ("Transferor Customer") hereby requests the transfer of _____ MMBtu from its Gas Transportation Account Balance to the Gas Transportation Account Balance of _____ ("Transferee Customer") in the month of ______, _____. This transfer is in accordance with Transportation Service, Article E2.2E of Consumers' Rules and Regulations as filed with the MPSC. The Company, at its sole discretion, may allow one transfer of gas per month between customers. This request must be received by Consumers Energy Company via e-mail or facsimile prior to 12:30 PM Eastern Clock Time one business day prior to the last business day of the month the transfer is to take place. Transferor Customer or Customer's Agent understands and agrees that any gas transportation account imbalance penalties resulting from the debit of this transfer in the month requested will be the sole responsibility of the Transferor Customer. Transferee Customer or Customer's Agent further understands there will be a \$500.00 charge assessed to the Customer to whom the gas is transferred. **TRANSFEROR CUSTOMER** Title Transferor Customer Name or Agent **Authorized Signature** Address Phone Number City, State, Zip

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Date

TRANSFEREE CUSTOMER

Title	Transferee Customer Name or Agent
Authorized Signature	Address
Phone Number	City, State, Zip
E-mail Address	Date
Responses or questions by Consumers sh	ould be made to:
Print Authorized Person's Name	

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