



**GAS TRANSPORTATION
CUSTOMER REQUEST FOR
FORWARD MONTH BALANCE TRANSFER**

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

_____ ("Customer") hereby requests the transfer of _____ MMBtu from its Gas Transportation Account Balance to the Gas Transportation Account Balance of _____ in the month of _____, _____. This request must be received by Consumers Energy Company via mail, e-mail or facsimile prior to the start of business on the first business day of the month the transfer is to take place. This transfer is in accordance with Transportation Service, Article E2.2D of Consumers' Rules and Regulations as filed with the MPSC. 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 Customer. Customer or Customer's Agent further understands there will be a \$25.00 charge assessed to the Customer from whom the gas is transferred.

Title

Customer Name or Agent

Authorized Signature

Address

Phone Number

City, State, Zip

E-mail Address

Date

Responses or questions by Consumers should be made to:

Print Authorized Person's Name