



Request for Transportation Service

Legal Name of Company: _____

State in Which Incorporated: _____

Peoples Gas Account Number: _____

Site Service Address (include city, state & zip code): _____

Duns Number or Federal ID (required – for the specific location): _____

Administrative Matters

Contact Person Name & Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Mailing Address (include city, state & zip code): _____

Billing Information

Contact Person Name & Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Mailing Address (include city, state & zip code): _____

General Information

Primary Use(s) for Natural Gas: _____

Estimated Annual Consumption: _____

Site Information

Primary Person Name & Title: _____

Telephone Number: _____ Mobile Number: _____

E-mail Address: _____

Secondary Person Name & Title: _____

Telephone Number: _____ Mobile Number: _____

E-mail Address: _____

Please return this document to:

Peoples Gas
Attn: Sam Sessa/P7
P. O. Box 2562
Tampa, Florida 33601-2562 or
Fax to: (813) 228-4742

Submitted by:

Name: _____
Title: _____
Date: _____