

## **MyQuorum Peoples Gas Access Form**

Please Check One:		New User ID		Delete User ID	
Deter					-
Date:					
<b>Business Associate Name</b>	:				
Peoples Gas System Account Number:					
Duns Number:					
	Busine	ss Partner Inform	nation		
Contact Person Name:					
Contact Person Title:					
Phone Number:	Mobile Number:				
-mail Address: Fax Number:					
Mailing Address (include city, state & zip code):					
	Bus	siness Partner Ro	ole		
Check applicable role(s):					
☐ Shipper (Submit & View Nominations, Imbalance Trading, and the Authorization to Post Imbalance)					
Analyst (NCTS Enrollment/De-Enrollment Submission and Update LOA Contact Information)					
Designee (Authorized Acce	ss to a Thir	d-Party Natural Gas S	Supplier's F	GS Records)	
Approved by Business	Partner A	uthorized Compa	any Repr	esentative or Desi	gnee
Name:					
Title:					
Phone Number:					
E-mail Address:					

Please return this document to: