



**SERVICE ELECTION
RATES 145, 150, 175 AND 180**

Company Name: _____

Location Address: _____

Account Number: _____ **Current Rate:** _____

Term: September 1, _____ **through August 31,** _____

I, _____ (Full Name), am employed by _____ (Legal Company Name) in the position of _____ (Title) and in such position, I am aware of the operation of all natural gas burning equipment used in our facilities and am authorized to complete this form for the purpose of electing the proper service classification for natural gas service provided to the above referenced account by Public Service Company of North Carolina, Incorporated d/b/a Enbridge Gas North Carolina.

For the above referenced account, I have reviewed the current tariff and schedules for Rate Schedules 145, 150, 175 and 180; I understand the service requirements, and request natural gas service under:

Rate 145 Firm Sales Service: Enbridge Gas North Carolina will purchase and deliver natural gas to the above referenced account for the term referenced above.

Rate 150 Interruptible Sales Service: Enbridge Gas North Carolina will purchase and deliver natural gas to the above referenced account for the term referenced above.

Rate 175 Firm Transportation Service: Enbridge Gas North Carolina will deliver natural gas purchased by the customer from an approved shipper to the above referenced account for the term referenced above.

Rate 180 Interruptible Transportation Service: Enbridge Gas North Carolina will deliver natural gas purchased by the customer from an approved shipper to the above referenced account for the term referenced above.

Rate change elections between sales service and transportation service must be received by Enbridge Gas North Carolina prior to June 1 of the calendar year of the term referenced above. If an election form is not received prior to June 1 of each calendar year, your account will remain on its current sales or transportation rate. Requests to change to Rate 145 or Rate 150 are subject to approval by Enbridge Gas North Carolina.

Name (Print) _____

Signature /Date _____

Mailing Address _____

City/ State/ Zip Phone Number _____

PLEASE COMPLETE AND EMAIL TO: NCTransAdmin@DominionEnergy.com. Please call DARLENE SANDERS at 803-217-5307 if you have any questions.