



Request to Designate Agency Authorization

Please submit request to: Northern Natural Gas Company
Attn: Customer Service
nngcontracts@mngco.com
or fax to: (402) 398-7117

Requested Action:

- Add (Complete applicable sections below)
- Modify(Complete applicable sections below)
- Terminate Agency Authorization

Date Submitted:

Effective Date:

_____ (“Shipper/Operator”) hereby notifies Northern Natural Gas Company (“Northern”) that it has designated _____ (“Agent”) as its agent to perform the following obligations of Shipper/Operator under Northern’s FERC Gas Tariff for the contract numbers or types listed below as if the same were being performed by Shipper or Operator.

Contracting: Select one option	<input type="checkbox"/> Requests for service for ALL Contracts (e.g., new contracts, extensions and amendment of primary points) OR <input type="checkbox"/> Requests for service for the listed Contract(s) (e.g., new contracts, extensions and amendment of primary points): _____
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Capacity Release: Select one option	<input type="checkbox"/> Capacity Release for ALL Contracts OR <input type="checkbox"/> Capacity Release for the listed Contract(s) : _____
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Scheduling Nominations: Select one option	<input type="checkbox"/> Nominations for ALL Contracts OR <input type="checkbox"/> Nominations for the listed Contract(s) : _____
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Scheduling Confirmations: Select one option	<input type="checkbox"/> Confirmations for ALL Points OR <input type="checkbox"/> Confirmations for the listed Point(s) : _____
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Imbalance Resolution:	<input type="checkbox"/> Imbalance Resolution Election Party (Imbalance Trading, Imbalance-to-Storage, In-kind Payback and Cash-in/out)
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Imbalance Invoice:	<input type="checkbox"/> Imbalance Cash-in/out Invoice Billable Party
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Invoicing Receipt and Payment: Select one option	<input type="checkbox"/> Receipt and Payment of ALL Invoices excluding Imbalance Invoices <input type="checkbox"/> Receipt and Payment of Invoices (excluding DDVCs and penalties) for the listed Contracts : _____ Regardless of the party receiving an invoice, the Shipper under the contract remains responsible for all payments due Northern.
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Invoicing View only: Select one option	<input type="checkbox"/> View only for ALL Invoices <input type="checkbox"/> View only Invoices for the listed Contracts : _____
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Operator Balancing Agreements:	<input type="checkbox"/> Balancing for contract(s): _____
Operational Data Interchange (ODI)	<input type="checkbox"/> ODI access
Other	<input type="checkbox"/> Reallocations (including requests for reallocations and agreements for reallocations)

Applicable notices, invoices, and correspondence to Shipper / Operator concerning scheduling, balancing, confirmations, and other issues under Northern's tariff and agreements between Northern and the Shipper / Operator shall be directed to Agent at:

Company Name: _____

Attn: _____

Address: _____

Telephone: () - _____

Fax: () - _____

Email: _____

By execution hereof, Agent confirms that it accepts its designation and appointment as Agent and agrees to act as Shipper / Operator's agent in accordance with the terms herein or acknowledges termination or modification of its authorizations as indicated herein.

SHIPPER: _____	AGENT: _____
SIGNED: _____	SIGNED: _____
PRINT: _____	PRINT: _____
TITLE: _____	TITLE: _____
DATE: _____	DATE: _____

Northern will promptly execute this request upon receipt. However, Northern is not responsible for any changes requested to be effective less than seven (7) days prior to the first day of a calendar month.