

Request for Title Transfer								
Required Data Fields		Initiating Party Data		Confirming Party Data				
Company Name:								
Contact Name:								
Contact Phone Number:								
Email Address:								
Fax Number:								
Contract Holder:								
Title Transfer Effective Date:								
<b>Title Transfer Direction</b>								
			<b>Transferring Party</b>			<b>Receiving Party</b>		
Party Name								
Quantity, Dth			Firm*			Interruptible*		
Storage Contract No.								
Rate Schedule (must be the same; FDD-FDD; IDD-IDD)								
Service Type (must be the same; 3-Step, 4-Step, GIP or EG)								
Deferred Delivery Point								

Party Responsible for Associated Transportation Charges	
Billable Party:	Accept <input type="checkbox"/> Reject <input type="checkbox"/>
Transportation Contract No.	
Company Name:	
Contact Name:	
Date:	Signature:

Title Transfer Confirmation	
Title Transfer Response:	Accept <input type="checkbox"/> Reject <input type="checkbox"/>
Company Name:	
Contact Name:	
Date:	Signature:

\*Transfers that impact Ogden DDP (POI 98) must consider which sub-account balance to impact due to Firm In/Firm Out rule.

All Storage Shippers may elect to initiate a title transfer of storage balances (also referred to as an "in ground transfer") by completing and returning the above Title Transfer form to Northern. Shippers may elect the effective date of the transfer provided the date is within the current month or prospective. All applicable storage fees would apply.

#### **Instructions for completing form On-line:**

1. Complete information on-line in areas provided.
2. Click File, Save As – at top of Browser. Be sure to name document and select preferred directory to save document to, save document.
3. After saving, go to e-mail application. Attach document from directory saved to.
4. Send e-mail form to [BillingAdmin@nngco.com](mailto:BillingAdmin@nngco.com)

#### **Instructions for faxing form:**

1. Complete form on-line and print hard copy or print blank form and complete information in hand written form.
2. Fax to BillingAdmin at (402) 548-5280
3. Print Document and complete Date and Signature Fields.