



## Request to Designate Agency Authorization

Please submit request to: Northern Natural Gas Company  
Attn: Customer Service  
[nngcontracts@mngco.com](mailto: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.

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

<b>SHIPPER:</b> _____	<b>AGENT:</b> _____
<b>SIGNED:</b> _____	<b>SIGNED:</b> _____
<b>PRINT:</b> _____	<b>PRINT:</b> _____
<b>TITLE:</b> _____	<b>TITLE:</b> _____
<b>DATE:</b> _____	<b>DATE:</b> _____

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.