



Notice of Intent to Switch Natural Gas Rate Schedules

Beginning _____, please switch the following meters to the rate schedule indicated:

Please note that this form must be received by Minnesota Energy Resources no later than August 1 each year for rate switches to take effect on or after November 1 of that same year.

Facility name, address, city and state	Account number	Meter number	Current rate schedule	Requested rate schedule
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport

We understand that we may need to provide, and pay for, the following:

- an uninterrupted 110v power supply at the metering site, *and/or*
- access to a dedicated telephone line at the metering site for all other rates.

We have selected _____ as our gas supplier. Our point of contact with this supplier is _____, who can be reached at (____) ____ - _____ and email address: _____

(Please print or type.)

Company name: _____

Authorized customer signature: _____ Date _____

Name and title of person signing: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____ Email address: _____

**Fax this completed form to:
 Minnesota Energy Resources • Attn: Transportation Account Manager
 Fax: 920-430-6093
 If you have questions, call the Transportation Account Manager at 218-878-2258.**