

## **Pre-Determined Allocation Rule Methodology**

CSO Company Name: Contact Person: Telephone: Fax:			
Physical Meter/Custody 1 Effective Start Date: Effective End Date:	Fransfer Point:		
Please complete one form	n for each Custody Transfer Poin	nt at a Physical mete	r
Allocation Rule:	Prorata Percentage	Upto Swing	
	ness parties/classes of service recearty/class of service will not occur if		
Business Party	Class of Service	Detail	
* Required detail information Percentage: Upto: Nomination Swing: Prorata:	percentage assigned priority assigned (10-high, 2	20-medium, 30-low) ess party/class of serv	ice
Date Submitted:	Signature:		

To be completed by Common Stream Operator and returned to TransGas via fax (306) 565-8466.