



COST ESTIMATE REQUEST FORM

Customer Name:	
Address:	
Business Contact Name:	
Phone and Email:	
Request meeting with Business Development/Marketing Rep:	Yes No
Pipeline for Cost Estimate: <small>*Please Select One</small>	Choose an item .
Desired Cost Estimate Completion Date:	

PROJECT DESCRIPTION

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GAS VOLUME, GAS COMPOSITION, AND PRESSURE COMPONENTS

Min Expected Volume (Dth/d):	
Max Expected Volume (Dth/d):	
Normal Expected Volume (Dth/d):	
Peak Hourly Flow Rate (Dth/hr):	
Future Growth at Location:	Yes No
Gas Quality Available:	Yes No
Direction of Gas Flow: <small>*Please Select One</small>	Choose an item.
Minimum Operating Pressure (psig):	
Maximum Operating Pressure (psig):	
Preferred Operating Pressure (psig):	
Connecting party Maximum Allowable Working Pressure (psig):	
Overpressure Protection:	Customer to provide OPP, temperature control and pressure regulation

PROJECT LOCATION

Existing MAP:	
MAP Name and Number:	
Legal Description:	
Existing Agreement at Location:	Yes No
Location Description (GPS location preferred):	
Land Access/ROW:	
Electricity Available at Site:	Yes No
Data Feed at Site:	Yes No



ADDITIONAL PROJECT INFORMATION	
Desired Facility In-Service Date:	
Cost Estimate Level: *Please Select One	
Anticipated Payment for Project: *Please Select One	
Odorization:	Pipeline does not provide odorizing services for new tie-ins

The signature of Customer's authorized representative below signifies Customer understanding of Pipeline's tap request procedure and agreement. Should Customer fail to execute an Interconnect Agreement within six calendar months from date of this request, Pipeline will consider the initial tap request null and void.

Signature: _____ Date: _____

Name: _____

Title: _____