

Western Interstates Cost Estimate Request Form



Please complete this form and send it to any Williams Representative.

Customer Information	
Company Name:	
Address:	
Point of Contact:	
Phone:	
Email:	

Project Overview	
Project Name:	
Pipeline:	
Desired In-Service Date:	
Project Description:	

Project Location	
Existing MAP / Point ID:	
MAP / Point ID Name & Num:	
Existing Agreement at Location:	
Location Description (GPS):	
Electricity Available at Site:	
Data Feed at Site:	

Gas Volume, Composition, and Pressure Components	
Min Daily Volume* (Dth/d):	
Max Daily Volume (Dth/d):	
Min Hourly Volume* (Dth/d):	
Max Hourly Volume (Dth/d):	
Future Growth at Location:	
Gas Quality Available:	
Direction of Gas Flow:	
Min Operating Pressure (psig):	
Max Operating Pressure (psig):	
Preferred Operating Pressure (psig):	
Connecting Party MAOP (psig):	

* Please provide your minimum sustained DAILY or HOURLY flow rate other than "no flow" or "0"

Date Submitted: _____

Signature: _____

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