

| DIRECT SUPPLY NATURAL GAS DATA REQUIREMENTS <i>(Read Instructions on back before completing form.)</i> | | | | | 1. REPORT DATE <i>(YYMMDD)</i> | | 2. DATE DATA REQUIRED <i>(YYMMDD)</i> | | | | | | | | | | | |
|--|-------------------------------|--|--------------------------|--|-----------------------------------|---|---|---|-------------------------------|---|------------------------------|--------------------------|---|--------------------------|--------------------------|--|--|--|
| 3. INSTALLATION | | | b. ADDRESS | | | | | | | | | | | | | | | |
| a. NAME | | | (1) STREET | | (2) CITY | | (3) STATE | (4) ZIP CODE | | | | | | | | | | |
| c. DODAAC/UIC | | | | | | | | | | | | | | | | | | |
| 4. LOCAL DISTRIBUTION COMPANY (LDC) | | | b. ADDRESS | | | | | | | | | | | | | | | |
| a. NAME | | | (1) STREET | | (2) CITY | | (3) STATE | (4) ZIP CODE | | | | | | | | | | |
| c. TELEPHONE NUMBER <i>(Include area code)</i> | | | | | | | | | | | | | | | | | | |
| 5. LDC SALES TARIFFS | | | | 6. LDC TRANSPORTATION TARIFFS | | | | | | | | | | | | | | |
| 7. LDC TRANSPORTATION POLICY | | | | | | | | | | | | | | | | | | |
| a. WILL LDC TRANSPORT GAS | | | YES | | NO | | b. DOES LDC ALLOW SWITCHING | | YES | | NO | | (3) IF YES, SPECIFY FREQUENCY OF SWITCHING | | | | | |
| <i>(X as applicable)</i> | | | (1) FIRM | | <input type="checkbox"/> | | <input type="checkbox"/> | | <i>(X as applicable)</i> | | (1) FIRM GAS | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| | | | (2) INTERRUPTIBLE | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | (2) INTERRUPTIBLE GAS | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| 8. CURRENT CONTRACTOR | | | b. ADDRESS | | | | | | | | | | | | | | | |
| a. NAME | | | (1) STREET | | | (2) CITY | | | (3) STATE | (4) ZIP CODE | | | | | | | | |
| 9. CONTRACT DATA | | | | | | | | | | | | | | | | | | |
| a. CONTRACT NUMBER | | | | b. START DATE <i>(YYMMDD)</i> | | | c. NUMBER OF OPTION YEARS | | | d. TERMINATION DATE <i>(YYMMDD)</i> | | | | | | | | |
| e. NUMBER OF DAYS NOTICE TO TERMINATE | | | | f. SPECIAL TERMS AND CONDITIONS <i>(Continue in Remarks on back if necessary)</i> | | | | | | | | | | | | | | |
| 10.a. GAS REQUIREMENTS DATA | | | | | | b. UNIT OF MEASUREMENT | | | | | | | | | | | | |
| MONTH (1) | FIRM GAS (2) | INTERRUPTIBLE GAS (3) | | MONTH (1) | FIRM GAS (2) | INTERRUPTIBLE GAS (3) | | MONTH (1) | FIRM GAS (2) | INTERRUPTIBLE GAS (3) | | | | | | | | |
| JANUARY | | | | MAY | | | | SEPTEMBER | | | | | | | | | | |
| FEBRUARY | | | | JUNE | | | | OCTOBER | | | | | | | | | | |
| MARCH | | | | JULY | | | | NOVEMBER | | | | | | | | | | |
| APRIL | | | | AUGUST | | | | DECEMBER | | | | | | | | | | |
| c. TOTAL FIRM GAS CONSUMPTION | | | | d. TOTAL FIRM GAS REQUIREMENTS | | | | e. FIRM GAS MAXIMUM DAILY QUANTITY | | | | | | | | | | |
| f. TOTAL INTERRUPTIBLE GAS CONSUMPTION | | | | g. TOTAL INTERRUPTIBLE GAS REQUIREMENTS | | | | h. INTERRUPTIBLE GAS PEAK DAY LOAD | | | | | | | | | | |
| 11. ALTERNATE FUEL FOR INTERRUPTIBLE GAS | | | | | | 12. PAYMENT INFORMATION <i>(X as applicable)</i> | | | | | | YES | | NO | | | | |
| a. TYPE FUEL | | b. UNIT COST | | c. PERCENT LOAD COVERED BY ALTERNATE FUEL | | a. ARE TELEFAX INVOICES ACCEPTABLE? | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| | | | | | | b. IS WIRE (ELECTRONIC) TRANSFER AVAILABLE? | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| | | | | | | c. IS PREPAID EXPRESS MAIL PAYMENT AVAILABLE? | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| 13. POINTS OF CONTACT | | | | | | | | | | | | | | | | | | |
| a. ORDERING OFFICE | | | | (2) OFFICE SYMBOL | | | (3) COMMERCIAL TELEPHONE NUMBER <i>(Include area code)</i> | | | (4) COMMERCIAL FAX NUMBER <i>(Include area code)</i> | | | | | | | | |
| (1) NAME <i>(Last, First, Middle Initial)</i> | | | | | | | | | | | | | | | | | | |
| (5) MAILING ADDRESS STREET | | | | | | CITY | | | STATE | | ZIP CODE | | | | | | | |
| b. INVOICE OFFICE | | | | (2) OFFICE SYMBOL | | | (3) COMMERCIAL TELEPHONE NUMBER <i>(Include area code)</i> | | | (4) COMMERCIAL FAX NUMBER <i>(Include area code)</i> | | | | | | | | |
| (1) NAME <i>(Last, First, Middle Initial)</i> | | | | | | | | | | | | | | | | | | |
| (5) MAILING ADDRESS STREET | | | | | | CITY | | | STATE | | ZIP CODE | | | | | | | |
| c. PAYING OFFICE | | | | (2) OFFICE SYMBOL | | | (3) COMMERCIAL TELEPHONE NUMBER <i>(Include area code)</i> | | | (4) COMMERCIAL FAX NUMBER <i>(Include area code)</i> | | | | | | | | |
| (1) NAME <i>(Last, First, Middle Initial)</i> | | | | | | | | | | | | | | | | | | |
| (5) MAILING ADDRESS STREET | | | | | | CITY | | | STATE | | ZIP CODE | | | | | | | |

14. REMARKS/ADDITIONAL DATA (Federal and civilian agencies must include a statement regarding funds availability along with a statement regarding compliance with the Economy Act provisions.)

INSTRUCTIONS

Item 1. Report Date. Enter the date the form is filled out. Use YYMMDD format (i.e., July 1, 1994 = 940701).

Item 2. Date Data Required. Enter the date information is required in accordance with the Defense Fuel Supply Center (DFSC) requirements.

Item 3. Installation. Enter the name and commercial mailing address of the installation. Also enter the DODAAC or UIC code.

Item 4. Local Distribution Company. Enter the name, address, and telephone number of the local distribution company (LDC).

Items 5 and 6. Tariffs. List the sales and transportation tariffs used by the activity. Attach copy of latest LDC bill.

Item 7. LDC Transportation Policy. Specify if the LDC will transport both firm and interruptible direct supply natural gas (DSNG), and if the LDC will allow the activity to switch between the direct supply natural gas contract and the LDC on a monthly (or otherwise) basis. Mark (X) the appropriate response and specify the switching frequency as appropriate.

Item 8. Current Contractor. If the activity has an existing source supply natural gas contract, enter name and address of current contractor.

Item 9. Contract Data. For the existing direct supply contract, enter the contract number, contract start date, number of option years, termination date, and the number of days termination notice required. Also include any special conditions that may affect a DFSC contract (i.e., large termination charges, liability, high backup costs, etc.).

Item 10. Gas Requirements Data. Identify unit of measurement for natural gas (Item 10.b.). Provide monthly requirements estimate for both firm and/or interruptible gas, as appropriate. Provide a 12-month total for the firm and/or interruptible consumption figures for the activity. Based on your data, provide a 12-month total for the firm and/or interruptible requirements provided to DFSC. Also, provide the maximum daily quantity for the firm gas and the peak day load amount for interruptible gas.

Item 11. Alternate Fuel. List type(s) of alternate fuel(s), unit cost, and the percent of load covered by the alternate fuel capability.

Item 12. Payment Information. Mark (X) the appropriate response to indicate if telefax invoices are accepted by the activity, if wire (electronic) transfer of funds can be made by the paying office, and if Contractor-provided prepaid express mail is allowed by the paying office.

Item 13. Points of Contact. Enter the name of the point of contact, office symbol, commercial telephone and telefax numbers, and mailing address for each of the listed offices.

Item 14. Remarks/Additional Data. Use this block to provide any additional data or remarks as necessary.