



Nicor Gas  
Gas Transportation  
Customer Service Center

P.O. Box 190  
Aurora, IL 60507-0190  
630 983-4040

**Redetermination Request for Certain Contract Quantities**

Customer name \_\_\_\_\_ Account/Group No. \_\_\_\_\_

**If group change is being requested, reverse side must be completed.**

**I. Maximum Daily Contract Quantity**

Pursuant to the provisions of customer's contract, the Customer's Maximum Daily Contract Quantity (MDCQ) has been established at \_\_\_\_\_ therms per day.

Customer requests a change to a  higher  lower MDCQ of \_\_\_\_\_ therms per day. Such change is requested to allow Customer to establish a MDCQ which represents current Customer gas requirements.

<b>Company Use Only</b>			
Revised Maximum Daily Nominations (due to MDCQ Redetermination):			
April	June	August	October
May	July	September	

**The amendment will be effective with the first billing period subsequent to the date accepted by Nicor Gas.**

Effective date \_\_\_\_\_

**II. Maximum Daily Nomination**

Customer requests to change to a higher Maximum Daily Nomination (MDN) number. Such change is requested to allow Customer to establish a MDN number in therms which represents current gas requirements for the month(s) listed below.

April	June	August	October
May	July	September	

**The amendment will be effective on the day it is approved by Nicor Gas.**

Customer agrees, if requested, to provide documentation to Nicor Gas substantiating the following reasons for determining a new MDCQ and/or MDN level:

- Added shift     New customer     Added gas-fired equipment     Change in operation
- Other (specify) \_\_\_\_\_

Except as hereby amended, all terms and conditions of the referenced Contract remain in full force and effect.

**For Nicor Gas**

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Accepted by

\_\_\_\_\_  
Official capacity

\_\_\_\_\_  
Date accepted

**For the Customer**

\_\_\_\_\_  
Customer's Name

\_\_\_\_\_  
Accepted by (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official capacity

\_\_\_\_\_  
Telephone (       )

\_\_\_\_\_  
Fax (       )

\_\_\_\_\_  
Date accepted

**I. Maximum Daily Contract Quantity** (List specific accounts to change)

Account Number	Current MDCQ	Revised MDCQ

**II. Maximum Daily Nomination** (List specific accounts to change)

PERIOD	Account Numbers			
April				
May				
June				
July				
August				
September				
October				

PERIOD	Account Numbers			
April				
May				
June				
July				
August				
September				
October				