



Nicor Gas
Gas Transportation
Customer Service Center

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

**Rider 13
Reallocation of Critical Day Deliveries**

Critical Day Date _____ Unauthorized Use Therms _____

Rider 13 Group Manager/Broker _____ Contact name _____

Telephone (____) _____ Fax (____) _____

Each Rider 13 group requesting a reallocation of deliveries (nominations) to reduce or eliminate Unauthorized Use shall require a separate request form for each Critical Day.

For the above Critical Day, reallocate deliveries in order to reduce or eliminate Unauthorized Use of gas billed to Group No. _____ through the reallocation of the Group Manger’s Critical Day deliveries of gas (nominations). Reallocations of gas shall be accepted in quantities of whole decatherms (10 therm increments) in the manner so identified below. The total quantity and decatherms received and provided must be equal.

Group Receiving Additional Deliveries

Group No. _____

Current Decatherms Received _____

Revised Decatherms Received _____

Group(s) Reducing Deliveries on Critical Day

Group No. _____ Current Decatherms _____ Revised Decatherms _____

Group No. _____ Current Decatherms _____ Revised Decatherms _____

Group No. _____ Current Decatherms _____ Revised Decatherms _____

Group No. _____ Current Decatherms _____ Revised Decatherms _____

Total Decatherms _____

Requests for the reallocation of Critical Day deliveries (nominations) will be accepted up to **fifteen (15) days** after the date of issue of the bill containing Unauthorized Use of Gas charges.

All Rider 13 groups under consideration in this request shall be under common management by the same Group Manager. Any request to consider a reallocation of deliveries of gas that would result in an Unauthorized Use of Gas condition for the Rider 13 group(s) providing deliveries will not be accepted.

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 _____

Unauthorized Use Eliminated (Therms) _____

For the Customer

Customer’s Name _____

Accepted by (please print) _____

Signature _____

Official capacity _____

Telephone (____) _____

Fax (____) _____

Date _____