

Expansion Capacity Relocation Request Form

Customer Information	
1) Company Legal Name*:("P	rospective Customer")
2) Contact Name*:	
3) Telephone Number*:	
4) Email Address*:	
Relocation of Expansion Capacity to Common Capacity Information	
5) Select Service Type*: ☐ FT-D2 ☐ FT-D3 ☐ OS-EXT	
6) Contract Demand (GJ/d)*:	
7) End User Facility Legal Location*:	
8) Requested Type of Service Location*:	
Note: NGTL has sole discretion on the type of connectivity.	
☐ Existing Location.	
If existing FT-D2 or FT-D3 service location, please specify the existing meter st number*:	ation name and
Note: If request is at an existing meter station, the requested service type must match the existing service type	e at the station.
If existing OS-EXT service location, please specify existing tie-in facility name a	nd legal location*:
OR	
■ New Location. If new, please specify preferred tie-in legal location (adjacer ROW)*:	nt to NGTL/ATCO
ROW)*:	
9) Planned facility minimum operating pressure:	
10) Minimum Flow (GJ/d):	

11) Downstream Gas Usage:		
□ Industrial	☐ Power	
☐ Residential/Commercial	☐ Other:	
An asterisk (*) indicates a mandatory field. If a mandatory field is not filled out, this relocation request submitted for pre-assessment prior to July 31, 2025 and/or at time of bid submission will not be evaluated.		
Result of Pre-Assessment Request		
NGTL has completed the pre-assessment of the requested location provided above and has determined that as of:		
\square the requested location would qualify for re	location	
\square the requested location would not qualify fo	or relocation	

Pre-Assessments and Relocation Requests

For details on Open Season bidding, allocation, pre-assessments, relocation request and awarding processes, please refer to the Customer Express posting through this link.

This pre-assessment is not a guarantee or approval of a potential relocation request of awarded Expansion Capacity and does not guarantee an award of Expansion Capacity.