## Yankee Gas Customer / Provider Request to Switch Rates Interruptible Sales / Transportation

Switch from (check one):	Sales to Transport	ation	
_	Transportation to	Sales	
For the Month of:			
Effective Date:			<b>Note:</b> Yankee Gas needs a minimum of 48hrs to process this request.
Customer Name:			
Provider (Supplier)* :			
file with the Company  Yes Note: If "Yes", one form from the part of the customer must also su	orovider is sufficient.		omer has an agency notice on
	Ordered by:		
	Date Ordered:		
	Phone:		
F	FAX to: Yanke	e Gas Services	Co Sales Department  Yankee Gas Sales Rep. For appropriate local numbers.)
or Yankee Gas Use Only as Control Approval:			A 0
ate Approval:			Aug-0