

PRE-DETERMINED ALLOCATION (PDA) METHODOLOGY FORM

Please note handwritten forms will not be accepted.

Operator/Interconnect Name:				_
Meter ID/Location:				_
Meter Name/Location Name:				_
Contact Name:				_
Contact Phone:				
Contact E-Mail:				_
Authorizing Name (Print):				_
I certify that all information on this form	is true and accurate, a			– s form on behalf of my
Submitted Date: * Effective Date: *Effective Date:	ective until a new PDA	A Methodology Forr	n is submitted.	
To cancel existing PDA for th			ii is subiiiiteu.	
The Service Requester/Replacer the "Swing" and should be assigned.	gned the Allocation	Rank Level of 99.		
If more than one Svc Req K/Rep Allocation Rank Level of 99. All				
Svc Req/Repl SR Name	Svc Req K/ Repl SR K	Award Number (if applicable)	Allocation Method (All Gas, Imbalance, or Reserved)	Allocation Rank Level (1-99)
	·			
				SWING 99
Comments:				
Please submit completed form to: Attn: Donna Steiner			NFGSC use only: Approved By:	
Phone: 716-857-6978 Fax: 716-857-7310 Email: GasAccounting_Supply@natfuel.com			Date Entered: Swing authorization for PDA Form received:	