



Pennsylvania Meter Transfers

Transfer To Pool Contract No. _____ Effective Production Period _____ (Month/Year)*

Meters Additions

Meter No.	Transfer From:				MCF per day
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
_____	<input type="checkbox"/>	System Supply	<input type="checkbox"/>	Pool _____	_____
TOTAL					_____

_____, Producer acknowledges and agrees to the above deletion(s) and/or addition(s) to the above-referenced Pool. Producer further acknowledges that it is solely responsible for notifying, in advance, any affected Pool Operators of the above-noted deletion(s) and/or addition(s). Producer shall indemnify, and hold harmless, Peoples Natural Gas Company LLC from and against any and all losses directly or indirectly based upon, arising from or resulting from Producer's failure to notify any affected Pool Operators.

By _____ Date _____

Its _____

_____, Pool Operator, acknowledges and agrees to all the above addition(s) to the above-referenced Pool.

By _____ Date _____

Its _____

***Deadline: Completed form and appropriate attachments must be sent *no later than the last day of the month prior to the effective month* to: TransGroup@peoples-gas.com or Fax to: 412-258-2911. The submitting party is responsible for ensuring the completed form is received by Peoples.**