

Please **PRINT** the following information:

Please PRINT the following into	ormation.		
Company Name:			
First Name:			_
Last Name:			
Title:			
Company Address:			
City:	State:		Zip Code:
Phone:		Extension:	
Cell:		After-Hours F	hone:
Email:		Fax:	
TSP/Jurisdiction(s):			
Contact Role Type(s):			
☐ Confirmations – Contact person for confirmation – View only			
☐ Nominations – Contact person for nominations – View + Update			
☐ Confirming Party – Contact person who is point operator confirming party			
☐ Operator – Contact person for operational purposes – View only			
☐ Weekend Confirmations – Contact person for weekend confirmation – View only			
☐ Operator Agent – Agent for point operator confirming party above			
☐ Imbalances – Contact person for imbalance trades			
☐ Invoices – Contract persons for receiving invoices			
Email Notification Type(s	<u>s)</u> :		
□ Critical Notices	□ Non-Critical	Notices	□ All Notices
Please return to Gas Scheduling via email (bhuhgasscheduling@blackhillscorp.com). If you			
have questions, please call 303-243-3478.			

As of _____/__/ Entered in QPTM on _