

..DID: 4761  
 ..TXT: PSC NO: 1 GAS LEAF: 105  
 COMPANY: MARKETSPAN GAS CORPORATION DBA BROOKLYN UNION REVISION: 0  
 INITIAL EFFECTIVE DATE: 12/01/98 SUPERSEDING REVISION:  
 STAMPS:  
 CANCELLED effective 06/29/99  
 RECEIVED: 07/31/98 STATUS: Cancelled EFFECTIVE: 07/01/99

**GENERAL INFORMATION****IV. Forms for Gas Service (continued):****.1 Application and Contract (continued):****H. Interruptible Transportation Service Agreement**

**MARKETSPAN GAS CORPORATION D/B/A BROOKLYN UNION**  
**Service Classification No. 7**  
**Interruptible Transportation Service Agreement**

**To MarketSpan Gas Corporation D/B/A Brooklyn Union:**

\_\_\_\_\_(Customer) requests that MarketSpan Gas Corporation D/B/A Brooklyn Union ("Brooklyn Union") provide interruptible transportation service of natural gas to Customer at \_\_\_\_\_(Service Location) under the terms of Service Classification No. 7. Customer also requests supplemental service under the terms of "Brooklyn Union" Service Classification No. 4. Customer \_\_\_\_\_ (has) or \_\_\_\_\_ (does not have) a dual fuel capability. Customer will be subject to the interruption provisions in Service Classification No. 4.

Business Name: \_\_\_\_\_ Account # \_\_\_\_\_

Company or  
Corporation Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Service Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Classification No. \_\_\_\_\_. Grid # \_\_\_\_\_

Telephone No. for notification of interruption \_\_\_\_\_

Alt Rate Code \_\_\_\_\_

Service Start \_\_\_\_\_

Customer understands and agrees as follows:

- (i) Upon the customer's request, "Brooklyn Union" will estimate the customer's Annualized Transportation Quantity, based upon the equipment specified as Attachment A, hereto, to determine if the Customer has the capability of consuming at least 5,000 dth per year to qualify for service under Service Classification No. 7. In addition, "Brooklyn Union" will review the customer's historic usage to estimate the customer's annual usage;
- (ii) Customer shall take and pay for the service in accordance with Service Classification No. 7 and is bound by the terms and conditions contained therein and in accordance with any changes or modifications thereof as approved by the Public Service Commission of the State of New York;

Issued by Kathleen A. Marion, Secretary  
 175 East Old Country Road, Hicksville, NY