



Notice of Intent to Switch Natural Gas Rate Schedules

Beginning _____, please switch the following meters to the rate schedule indicated:

Please note that this form must be received by Public Service no later than March 1 each year for rate switches to take effect on or after November 1 of that same year.

Facility name, address, city and state	Account number	Meter number	Current rate schedule	Requested rate schedule
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Gas Choice <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Gas Choice <input type="checkbox"/> Transport
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Gas Choice <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Gas Choice <input type="checkbox"/> Transport
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Gas Choice <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Gas Choice <input type="checkbox"/> Transport

We understand that we may need to provide, and pay for, the following:

- an uninterrupted 120v power supply at the metering site, *and/or*
- access to an active shared telephone line at the metering site for gas choice rate, *or*
- Access to a dedicated telephone line at the metering site for all other rates.

We have selected _____ as our gas supplier. Our point of contact with this supplier is _____, who can be reached at (____) ____ - ____.

(Please print or type.)

Company name: _____

Authorized customer signature: _____ Date _____

Name and title of person signing: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____ E-mail address: _____

**FAX this completed form to Bruce Hahn, Account Management,
Wisconsin Public Service, at 920-433-2977.
Or, if you prefer, return the form to your local Public Service Representative.**