



Notice of Intent to Switch Natural Gas Rate Schedules

Switch the following meters to the rate schedule indicated on this date: _____

This form must be received by Wisconsin Public Service no later than March 1 each year for rateswitches to take effect on or after Nov. 1 of that same year.

Account Name: _____

Customer contact name: _____

Customer contact phone: _____ Customer contact email: _____

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"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport
			<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> Transport

Marketer Name: _____

Requested by:

Customer name (print): _____ Title: _____

Customer signature: _____ Date: _____

Note: Application must be made in advance of requested start date to ensure all administrative and tariff requirements are met. This change will not occur until all applicable tariff requirements have been met. This includes a credit review, which may result in a deposit request.