

REQUEST TO PURCHASE RELEASABLE CAPACITY FORM

Return all Requests to: WBI Energy Transmission, Inc.
Attention: Contracts
Facsimile No.: (701) 530-1698

Email: contracts@wbienergy.com



1. Contact Name: _____

Company Name: _____

Email: _____

Telephone No.: _____

2. Type of capacity requested: (Check)
- Firm Transportation (Rate Schedule FT-1)
 - No-Notice Firm Transportation (Rate Schedule FTN-1)
 - Firm Storage (Rate Schedule FS-1)

3. Date Capacity is to be Acquired _____

Date Capacity Release is to be Terminated _____

4. Capacity Quantities Requested (Please specify in Equivalent dkt.):

Maximum Daily Delivery Quantity (FT-1 or FTN-1 Service) _____

Maximum Storage Deliverability Quantity (FS-1 Service) _____

Maximum Storage Capacity Quantity (FS-1 Service) _____

Maximum Storage Injection Quantity (FS-1 Service) _____

5. Receipt Location: _____

Delivery Location: _____

6. Other Terms and Conditions: _____

Requested By: _____ Dated: _____