



Request to Purchase Releasable Storage Capacity

Instructions:

Please fill out the below form and email to TransportationServices@equitransmidstream.com. Once processed, this request will be posted on the Informational Postings Website.

Replacement Shipper Legal Name:		
DUNS:		
Federal Tax I.D. No.:		
Contact Name:		
Contact Title:		
Contact Address:		
Contact Phone:		
Contact Email:		
Effective Date of Offer:		
Termination Date of Offer:		
Commencement Date and Term of Service:		
Maximum Storage Quantity Requested:		
Maximum Daily Injection Quantity Requested (MDIQ):		
Maximum Daily Withdrawal Quantity Requested (MDWQ):		
Receipt Point(s)	Meter No. and/or Meter Name	MDIQ or MDWQ
Delivery Point(s)	Meter No. and/or Meter Name	MDIQ or MDWQ
Rate Offer:		
Whether Replacement Customer will accept a release with recalls rights: <i>(if so, please state acceptable recall rights)</i>		
Is the Request Contingent? <i>(if so, please state contingencies)</i>		
Terms and Conditions:		
Other:		