



# LEAF RIVER ENERGY CENTER

A New Jersey Resources Company

## SERVICE REQUEST FORM

Please print all information.

### SHIPPER INFORMATION

1. Shipper's Name: \_\_\_\_\_  
(legal name of business entity)

State or Other Jurisdiction of Formation: \_\_\_\_\_

D-U-N-S No.: \_\_\_\_\_

2. Shipper is: (check one)

- LDC/Distributor
- Producer
- End User
- Interstate Pipeline
- Intrastate Pipeline
- Marketer
- Other \_\_\_\_\_

Is Shipper affiliated with Leaf River Energy Center?

- Yes       No

If yes, provide additional detail on affiliation: \_\_\_\_\_

3. Contacts:

	Notices	Invoicing	Scheduling
Name:			
Title:			
Street Address:			
City, State, Zip Code:			
Office Number:			
Cell Number:			
Email:			
ICEChat:			



11. Injection Ratchets:

\_\_\_\_\_

\_\_\_\_\_

Level of MSQ

0-50%

Greater than 50% to 85%

Greater than 85%

No Injection Ratchets

MDIQ Multiplier

100%

75%

50%

Withdrawal Ratchets:

\_\_\_\_\_

\_\_\_\_\_

Level of MSQ

Greater than 50% - 100%

50% - 15%

Less than 15%

No Withdrawal Ratchets

MDIQ Multiplier

100%

75%

50%

12. Send completed request to:

Leaf River Energy Center, LLC  
2500 City West Blvd., Suite 1775  
Houston, TX 77042  
Fax No: (281) 605-2641  
[LeafRiverContracts@NJResources.com](mailto:LeafRiverContracts@NJResources.com)