



DDQ Change Request Form

FLORIDA PUBLIC UTILITIES COMPANY ("Company")
PROVIDER CHOICE PROGRAM

Customer Name: _____

Phone: _____

Account Number: _____

Fax: _____

Date of Requested Change: _____

CUSTOMER HEREBY REQUESTS TO CHANGE THE DAILY DELIVERY QUANTITY FOR THE ACCOUNT LISTED ABOVE:

DAILY DELIVERY QUANTITY (DDQ) - THERMS PER DAY

JAN

FEB

MAR

APR

MAY

JUN

JAN

FEB

MAR

APR

MAY

JUN

Customer must submit this form ten (10) working days prior to the date of requested change. Customer may submit this form via email to cfggascontrol@chpk.com or facsimile at (561) 366-1523. Failure to submit this form in a timely manner may lead to a delay in implementing the requested change. Customer is responsible for obtaining the signature of their Pool Manager acknowledging the requested change in Daily Delivery Quantity. Company will review Customer's requested change in Daily Delivery Quantity and reserves the right to disapprove any change request that cannot be substantiated by Customer's historical consumption, additions of equipment or in the case of a new Customer projected attached load or historical consumption of a similarly situated Customer.

EACH PERSON WHOSE SIGNATURE APPEARS BELOW, represents and warrants that he or she has authority to bind the party on whose behalf he or she has executed this document.

REQUESTED BY:

ACKNOWLEDGED BY:

APPROVED BY:

Customer Signature

Pool Manager Signature

Company Signature

Title

Title

Title