



Pool Manager Change Request Form

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

Customer Name: _____

Phone: _____

Account Number: _____

Fax: _____

Date: _____

NOTICE OF CUSTOMER DESIGNATION OF POOL MANAGER

WHEREAS, Customer desires to designate a third-party Pool Manager to coordinate the purchasing and scheduling of the supply of natural gas for transportation on Company's natural gas transportation system with Company,

NOW THEREFORE, in consideration of the foregoing, the parties agree as follows:

Customer designates:

Pool Manager Name: _____

as Customer's Pool Manager to coordinate with Company the scheduling of the supply of natural gas for transportation on Company's natural gas transportation system pursuant to Customer's currently effective contract(s) with Company for natural gas transportation service. The designation of Customer Pool Manager will be effective on _____, which does not predate the date of this Notice. Customer is required to obtain Pool Manager's signature prior to transmitting this Notice to Company. Customer can provide this Notice via facsimile at (561) 366-1523, or email to cfggascontrol@chpk.com.

This designation of Pool Manager, upon approval by Company, shall operate to cancel all previously designated Pool Managers for Customer.

Customer agrees that Pool Manager is acting on its behalf and that no provision of this Notice is intended to relieve nor shall be interpreted as relieving Customer of any obligation to Company, including but not limited to Customer's obligations to pay Company for the transportation service provided by Company.

Customer agrees that a service charge may apply to this designation as defined in Company's F.P.S.C. Gas Tariff.

The terms of service and the accompanying obligations of the parties will continue to be governed by the Rules and Regulations of the Florida Public Service Commission, the Company's F.P.S.C. Gas Tariff, Service Agreement(s) and contract(s) between Company and Customer. This Notice shall be interpreted, construed and governed by the laws of the State of Florida, without regard to principles of conflict of law.

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