Great Basin Customer Contact Form

Street Address

Please email the completed form to: <u>GreatBasin.GasDispatch@swgas.com</u>

Note: If you have more than one primary contact for each group, please include the additional contact information in your email



Shipper's Information:

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Shippers	Business	Contact	Person

Office Phone: Cell Phone: Email: Mailing Address: Note: this should be a physical address where documents can be sent to Street Address Office # City State Zip College Please provide a Contact Person for the following areas: Scheduling Agent? Yes No First Name: Last Name: Office Phone: Cell Phone: Email: Mailing Address: Note: this should be a physical address where documents can be sent to Street Address Office # City State Zip College Invoicing	
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First Name: Last Name:	
Office Phone: Cell Phone: Email:	
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First Name: Last Name:	
Office Phone: Cell Phone: Email:	
Mailing Address: Note: this should be a physical address where documents can be sent to	
Street Address Office # City State Zip Co	ode
<u>Notices</u>	
First Name: Last Name:	
Office Phone: Cell Phone: Email:	
Mailing Address: Note: this should be a physical address where documents can be sent to	

Office #

City

State

Zip Code