

# Great Basin Customer Contact Form

Please email the completed form to: [GreatBasin.GasDispatch@swgas.com](mailto:GreatBasin.GasDispatch@swgas.com)

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



**Great Basin**  
GAS TRANSMISSION COMPANY

## Shipper's Information:

Shipper's Business Contact Person

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 Code

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 Code

## Invoicing

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 Code

## Capacity Release

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 Code

## Notices

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 Code