

Natural Gas Imports by Pipeline

Monthly Sales and Price Report

Month/Year: _____ Authorization Holder: _____

E-Mail Address: _____ Address: _____

Preparer of Report: _____ Telephone No.: _____ FAX No.: _____

Authorization Holder Pursuant to DOE Order No. _____, under Docket No. _____

Please check one: ☐ Long-Term Authorization ☐ Short-Term / Blanket Authorization

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*U.S. geographic areas, for the purpose of this report, are: Northeast, Midwest, South, West

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