

Enable Gas Transmission, LLC
Human Needs Affidavit Form

Shipper Name: _____

Contract Number: _____

Shipper Contact (Name, Email, Phone No.): _____

Primary Delivery Point Meter Name & Number	MDO in Dth/d* (Per the contract)	Exempt Quantity in Dth/d (≤ to the MDO quantity)
_____	_____	_____
_____	_____	_____
_____	_____	_____

* MDO – Maximum Delivery Obligation on the Firm Transportation Service Agreement

I attest that Shipper qualifies for exemption from prioritization of the quantities listed above for the reason stated below (check all that apply):

to forestall irreparable injury to life or property (including environmental emergencies)

to protect human needs requirements

and/or

to provide for minimum plant protection

The undersigned verifies that the information provided herein is accurate to the best of Shipper's knowledge, after a good faith inquiry and that Shipper will update this Affidavit promptly in the event of any change in the information contained herein.

Signed: _____

Name: _____

Title: _____

Date: _____

Attest:

State: _____

County/Parish: _____

Signed and attested before me on _____.

By: _____

Notary Signature: _____

Appointment Expires: _____