

State of Florida



# Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

**-M-E-M-O-R-A-N-D-U-M-**

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**DATE:** January 22, 2020

**TO:** Adam J. Teitzman, Commission Clerk, Office of Commission Clerk

**FROM:** Oakley Ward, Public Utility Analyst I, Division of Economics *OW*

**RE:** Docket No. 20190200-GU – Petition for approval of tariff modifications to Natural Choice Transportation Service Rider, the Gas Service Agreement, and the Natural Choice Transportation Service letter of authorization, by Peoples Gas System.

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Please file the attached email correspondence in the documents tab in the subject docket file.

Thank you.

RECEIVED--FPSC  
2020 JAN 22 PM 12:53  
COMMISSION  
CLERK

## Elisabeth Draper

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**From:** Floyd, Kandi M. <KFloyd@tecoenergy.com>  
**Sent:** Wednesday, January 22, 2020 10:57 AM  
**To:** Elisabeth Draper  
**Cc:** Andrew M. Brown  
**Subject:** Docket No. 20190191 - GSA Form  
**Attachments:** 8.102.2.lf.pdf; 8.102.2.pdf

Hi Elisabeth:


Please see attached revised tariff sheet No. 8.012 in Docket No. 20190191-GU. This includes adding a field in the GSA under "service type" to include "manifold". Including this field on the form is an indicator to the Company that there is a manifold at the premise which allows for installation of multiple meters when there is a need for more than one meter or if there are multiple customers at the premise. Examples of this type of premise/account would be an apartment complex or a commercial establishment.

Please let me know if you have additional questions.

Thanks,  
Kandi

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		<b>Gas Service Agreement</b>		No. _____		
Business Partner Name (Customer)		Phone	Cell Phone	E-mail		
Service Address		City	State	Zip		
Doing Business As (DBA)		City Limits (Enter Yes or No)	County Name			
Mailing Address		City	State	Zip		
Contact Name		Phone	E-mail			
Federal ID	Tax Exempt (Yes or No)	Date Service Line Requested		Date Gas Service Requested		
Field Contact Name		Phone	E-mail			
<b>SALES INSTRUCTIONS/REMARKS</b>			<b>SERVICE TYPE</b>			
			Main (Enter On or Off)			
			New (N), Added Load (AL)			
			Reactivate (RA)      Manifold (MA)			
			Residntl (R), Commrl (C) Industrial (I)			
			Rate Class			
			Map #			
QTY.	APPLIANCE TYPE	PEAK HR DEMAND CF/H	ANNUAL THERMS PRESENT ADDITIONAL	PRESSURE AT EQPT.	FINANCIAL INFORMATION	OTHER SERVICES
					Gas Deposit	WH Billing Prog
					Turn-on Charge	Conversion Bill
					Aid to Construction	Other
					Construction Deposit	Other
					Prepayment	Other
					<b>Balance Due</b>	Other
<b>DEALER INFORMATION (if applicable)</b>						
Dealer Name						
Dealer Phone				Alt Phone		
Services to be provided by Dealer						
<b>TOTAL</b>						
<b>TO BE COMPLETED BY PGS ONLY</b>						
Meter Size	Regulator Size	BP#		CA#		
System Pressure	Delivery Pressure	Premise#		Install#		
Conversion Propane Company		Meter#		Project#		
<b>REMARKS</b>						
I have read all of the terms and conditions on the second page and agree to them.						
Business Partner/Customer Signature		Sales Rep Signature		Sales Rep ID #		
Business Partner/Customer Printed Name		Date	Sales Rep Printed Name		Date	
PGS CUSTOMER SERVICE CONTACT DURING INSTALLATION OF GAS SERVICE				PHONE#: 1-877-832-6747		

Issued By: T. J. Szelistowski, President  
Issued On:

Effective:

**GAS SERVICE AGREEMENT**



Gas Service Agreement

№ 346952

Customer Name		Day Phone	Evening Phone	Other Phone			
Service Address		City	St.	Zip			
C/O Name		City Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	County Name				
Mailing Address		City	St.	Zip			
Contact Name		Day Phone	Evening Phone	Other Phone			
Federal ID/Social Security #	Tax Exempt Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Service Line Required		Date Gas Service Required			
Field Contact Name		Phone	Alt. Phone				
<b>SALES INSTRUCTIONS/REMARKS</b>			<b>SERVICE TYPE</b>				
			Main On <input type="checkbox"/> Off <input type="checkbox"/>				
			New <input type="checkbox"/> Added Load <input type="checkbox"/>				
			Conversion: Propane Company <input type="checkbox"/>				
			Reactivate <input type="checkbox"/> Restart <input type="checkbox"/>				
			Res <input type="checkbox"/> Com <input type="checkbox"/> Indus <input type="checkbox"/>				
			Rate Class				
			Map #				
QTY.	APPLIANCE TYPE	PEAK DR. DEMAND CUB/HR	ANNUAL THERMS PRESENT	ANNUAL THERMS ADDITIONAL	PRESSURE AT EQPT.	<b>FINANCIAL INFORMATION</b>	<b>OTHER SERVICES</b>
						Deposit \$	WH Billing Program <input type="checkbox"/>
						Add-on Gas Installation (Non-Refundable) \$	Conversion Billing <input type="checkbox"/>
						Turn-on Charge \$	Construction Deposit Required <input type="checkbox"/>
						Other (Details in Remarks) \$	Other <input type="checkbox"/>
						Prepayment \$	Other <input type="checkbox"/>
						Balance Due \$	Other <input type="checkbox"/>
						<b>DEALER INFORMATION</b>	
						Dealer Name	
						Dealer Phone	
						Alt. Phone	
						Services to be provided by Dealer	
TOTAL							
<b>TO BE COMPLETED BY PGS ONLY</b>							
Meter Size		Regulator Size		Premise #		Ru/Cycl	Account #
System Pressure		Delivery Pressure		Project #		WCS #	
Remarks							
I have read all of the terms and conditions on the reverse side and agree to them.							
Buyer/Owner Printed Name				Sales Rep Printed Name		Sales Rep ID #	
Buyer/Owner Signature				Sales Rep Signature		Date	
Date				Date		Date	
PGS CONTACT DURING INSTALLATION OF GAS SERVICE:				DIVISION		PHONE #	

Issued By: William N. Cantrell, T. J. Szelistowski, President  
 Effective: January 16, 2003  
 Issued On: January 7, 2003