

COMMUNICATION PROFILE



Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

<u>Desired Notices</u>	<u>Notice Route</u>
<input type="checkbox"/> All (notices indented below)	E-mail <input type="checkbox"/> Fax <input type="checkbox"/>
<input type="checkbox"/> Critical Only	E-mail <input type="checkbox"/> Fax <input type="checkbox"/>
<input type="checkbox"/> Capacity Release	E-mail <input type="checkbox"/> Fax <input type="checkbox"/>
<input type="checkbox"/> Maintenance	E-mail <input type="checkbox"/> Fax <input type="checkbox"/>
<input type="checkbox"/> Short Term Firm Available Capacity	E-mail <input type="checkbox"/> Fax <input type="checkbox"/>
<input type="checkbox"/> Invoice / Imbalance Availability	E-mail Only
<input type="checkbox"/> Meter Volume Report (Receiving Party Only)	E-mail Only
<input type="checkbox"/> Newsletter	E-mail Only
<input type="checkbox"/> FERCWatch	E-mail Only
<input type="checkbox"/> Tariff Updates	E-mail <input type="checkbox"/> Standard Mail <input type="checkbox"/>
<input type="checkbox"/> Interconnect Fax (Interconnects only)	Fax Only

<u>Functions</u>		<u>Primary/Secondary</u>
Capacity Release Contact	<input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
Contract Recall Contact (E-mail Address Required)	<input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
Contract Signature	<input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
Nomination Contact	<input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
Intraday Bump Contact (E-mail Address Required)	<input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
OFO Contact (E-mail and Fax Required)	<input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
Emergency Contact	<input type="checkbox"/>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>