

REPLACEMENT SHIPPER NOTIFICATION AND ACKNOWLEDGEMENT FORM

Company: UGI UTILITIES, INC. - GAS DIVISION	Choice Supplier: _____
	Replacement Shipper: _____
	Replacement Shipper Start Date: _____

Consistent with the terms of Company's currently effective Gas Choice Supplier Tariff ("Supplier Tariff") and FERC Order No. 712, Choice Supplier hereby notifies Company that it has appointed and authorized Replacement Shipper as of the Replacement Shipper Start Date to directly accept and receive Company pipeline capacity releases on Choice Supplier's behalf consistent with Choice Supplier's election under Section 7.3 of the applicable Supplier Tariff. Choice Supplier represents and warrants that Replacement Shipper is an approved shipper consistent with applicable interstate pipeline rules. Choice Supplier agrees and acknowledges that, upon Company's acceptance of this form, Company will directly release Choice Supplier's allocation of pipeline capacity to Replacement Shipper. Choice Supplier agrees to notify Company of termination of the Replacement Shipper authority by providing Company advance written notice specifying a termination date that is no earlier than 30 days after the date of the written notice, with such termination to be effective on the specified termination date (unless an earlier date is otherwise agreed to by Company and Choice Supplier). Choice Supplier agrees and acknowledges that it shall be responsible for all incremental costs incurred by Company as the releasing shipper in the event Replacement Shipper fails to pay interstate pipeline charges for which it is responsible, and Choice Supplier shall remain liable for any charges or penalties imposed on Choice Supplier by Company pursuant to the Supplier Tariff.

Choice Supplier represents and warrants that Replacement Shipper's contact information provided below is valid.

Replacement Shipper Contact Information: _____ Address: _____ _____ _____ (Street, City, State, Zip) E-mail: _____ Telephone: _____ Fax: _____ 24 hour Contact: _____	Choice Supplier Contact Information: _____ Address: _____ _____ _____ (Street, City, State, Zip) E-mail: _____ Telephone: _____ Fax: _____ 24 hour Contact: _____
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COMPANY RESERVES THE RIGHT TO REJECT THIS FORM AND/OR IMMEDIATELY CEASE RECOGNITION OF THE REPLACEMENT SHIPPER AUTHORITY AND RECALL CAPACITY AND/OR EXERCISE ANY OTHER RIGHTS OR REMEDIES AVAILABLE TO COMPANY UNDER ALL APPLICABLE LAWS AND EXISTING TARIFFS IN THE EVENT OF ANY BREACH OF THE FOREGOING ACKNOWLEDGEMENTS, COVENANTS, REPRESENTATIONS AND WARRANTIES BY CHOICE SUPPLIER.

AGREEMENT AND ACKNOWLEDGEMENT OF CHOICE SUPPLIER:

Signature of Duly Authorized Officer Date of Signature

Print Name of Duly Authorized Officer Title of Duly Authorized Officer