

# CPBA PRELIMINARY INFORMATION FORM

**Please submit form via e-mail by using the 'Submit to CGT' button. Button cannot be used in a web browser. Open in Adobe software to use the button.**

The information provided in this document will be used to populate a California Production Balancing Agreement, which will be sent to you for your signature.

**Company Name** \_\_\_\_\_

**Entity Type** \_\_\_\_\_  
(e.g., California Corporation)

**Please provide the following contact information:**

## Authorized Agent

Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Gas Nominations

Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Notifications and Trades

Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Physical Operator

Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

For assistance with this form please contact a CGT Account Manager at 925.244.3534.

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Please list all applicable Receipt Point Meter Numbers.

	<b>Receipt Point Meter No.</b>	<b>Producer Name</b>		<b>Receipt Point Meter No.</b>	<b>Producer Name</b>
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
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19			39		
20			40		

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