Utilities Supply modification form

Please send the signed form to: *accountmanagement.usg@usg.company*

Kampstraat 101
6163 HE Geleen
The Netherlands
Tel: 31 (0)46 70 21 000

Reference number: **(to be completed by USG)**

Date:

Customer (Client)	Name: Address: Invoice address: Project Manager**:**	
Plant/Site location		
Requested date for utility modification		
Description of the modification. *Please indicate the expected average and maximum consumption*		
What is the project purpose, the objective, and expected result?		
Connection type: **permanent or temporary?**		
Consumption type: **continuous or batch-based?** **If batch-based, please specify**		
Peak demand frequency?		
Construction connection required?		
Quotation accuracy: **estimate (±40%), execution (±10%) or other?**		
Add Milestone planning, incl. FID-, commissioning-, and operations start date		
	Technical Matters	**Contract responsible person**
Contact person client	Name: Address: Telephone no.: Email address:	Name: Telephone no.: Email address:
USG Contact Details	**Address:** Kampstraat 101, 6163 HE Geleen Telephone no.: +31 046 7021000 **Email address:** accountmanagement.usg@usg.company	

The Commercial and Technical Terms of Delivery of USG apply to this order.

Signed by customer contact person:

Date:
Name: