## rade Information Poquest Form

Storage Information Request Form					hational gas transmission
NEC Exercise: YES/NO	Exercise I	Name:		Exercise Date:	xx/xx/xxxx
URGENT CON	MUNICATION	FROM GAS	NATIONA		
То:		Storage Ope	erators		
Please provide information	• •	•	• •	-	g this form within 30
	minutes of recei	pt, using fax nur	mber provided	d below	
				_	
This notice is issued at:-	Date: x	x/xx/xxxx	]	Time:	XX:XX:XX
Form Version number:		1.1	1	Gas Day:	xx/xx/xxxx
N.B.Version no. is the day number fol	lowed by the number of v	versions on that day i	i.e. 1.2 is Day 1, s		
Storage Site:			Τ		
Storage Operator Reply from	(Name):		1		
Storage Operator Tel No:			+		
2					
Current Status:	Internet Stand		<del></del>	\A/ /	· •
Are you currently Withdrawing,	Injecting or at Stand	lby?		W / I	/ S
If Withdrawing:					
What is your current End Of Da	• • • •				
What is your maximum withdra					
How long would it take to get to	) maximum withdraw	al rate?			
If Injecting or at Standby:					
How long will it take to start or t					
What is your maximum withdra		•			
How long will it take to get to m	aximum withdrawal	rate?			
Supply Officer Na					
Contact Tel Num	ber:				
Further information may be obta		vite at https://www		 om/eafetv-and-er	 mergencies/network-gas-
supply-emergencies-ngse	alleu nom me weee		Induonaigasis	OII/Saloty and S.	Hergenolog network gas
					The second secon
If you wish to contact National ( situation will be continually revi				on of the Supply c	officer listed above. This

Upon being informed of a Network Gas Supply Emergency the recipient must brief all relevant personnel as to the existence and nature of the emergency. If you have received this communication by accident, please notify the sender immediately by telephone so that we can arrange for return of the original.

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