

Receipt Point Operator:

Effective Date:

Receipt Point Name:

SUS to be end-dated:

Receipt Point Number:

(SUS) ID Shipper Upstream Supplier Existing SUS only	Shipper Name	Upstream Supplier	Supply Limit (GJ)

Contact Name:

Date:

Signature:

Phone:

Please send to: Production Facilitation

Email: productionfacilitation@enbridge.com