



## Gas Volume Statements Request

**Instructions:** Please complete the requested information and email to:  
CustomerService@americanmidstream.com

*Note: American Midstream will not release the statements unless approval is submitted from the operator below.*

### Requestor Information

**Company Name:**

**Full Name of Requestor:**

**Email Address:**

**Phone:**

### Meter Identification and Frequency

*Note: If the customer requesting this information is not the Operator, AMID will require Operator authorization below prior to releasing the statements.*

*Please note the frequency for each meter (Daily, Weekly or Monthly).*

Frequency (D, W, M)	<u>TSP</u>	<u>Meter(s) #</u>	<u>Meter Name</u>	Operator

### Requestor Signature

<b>Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
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### AUTHORIZATION TO RELEASE STATEMENTS TO NON-OPERATORS

Note: The Operator must authorize American Midstream to release the statement requestor above.

I, \_\_\_\_\_ (Company Name) as Operator of the above meter(s) authorize AMID to release statements to \_\_\_\_\_ (Requesting Company Name) as a:

Select One:

- |                          |                |
|--------------------------|----------------|
| <input type="checkbox"/> | Shipper        |
| <input type="checkbox"/> | Marketer       |
| <input type="checkbox"/> | Producer       |
| <input type="checkbox"/> | Operator Agent |
| <input type="checkbox"/> | Other          |

### Operator Signature

<b>Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
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**Phone:**

**Address:**