



Kinder Morgan Cochin L.L.C.  
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## BILL OF LADING CHANGE REQUEST FORM

### INFORMATION USED

Bill of Lading Number:		Bill of Lading Date:
Shipper Code:	Shipper Name:	
Terminal Location:		
Transporter / Carrier:Name:		
Consignee Code:	Consignee Name:	
Contract Number:		Account Code/Destination (City, State):
Contact Person:		Phone Number:
*Authorized Representative's Signature:		

*I authorize Kinder Morgan Cochin LLC to remove the above bill of lading from my account and put the volume back into my inventory.*

### INFORMATION INTENDED (ENTER CHANGES ONLY WITH AUTHORIZATION SIGNATURE)

Bill of Lading Number:		Bill of Lading Date:
Shipper Code:	Shipper Name:	
Terminal Location:		
Transporter / Carrier Name:		
Consignee Code:	Consignee Name:	
Contract Number:		Account Code/Destination (City, State):
Contact Person:		Phone Number:
*Authorized Representative's Signature:		

*I authorize Kinder Morgan Cochin LLC to move the above bill of lading to my inventory and hereby verify the transfer of the load.*

- NOTE: EACH CHANGE REQUEST FORM MUST BE SIGNED AND APPROVED BY BOTH SHIPPERS. THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE ANY CHANGES ARE MADE BY KINDER MORGAN COCHIN LLC**