



QuestLine™ Additional User Request

Date _____

_____ hereby requests Questar Gas Company
(Company Name)

Set-up the additional users as listed below for access to QuestLine.

1. User: NAME: _____ EMAIL _____ PHONE # _____
(Print or type FIRST LAST NAME)

2. User: NAME: _____ EMAIL _____ PHONE # _____
(Print or type FIRST LAST NAME)

3. User: NAME: _____ EMAIL _____ PHONE # _____
(Print or type FIRST LAST NAME)

4. User: NAME: _____ EMAIL _____ PHONE # _____
(Print or type FIRST LAST NAME)

5. User: NAME: _____ EMAIL _____ PHONE # _____
(Print or type FIRST LAST NAME)

Company Name: _____ (DBA (If applicable))

Authorized By: _____

Printed Name

Title

Phone

Fax

Email Address

Return Completed Form to:
QGC Transportation Customer Service, P.O. Box 54360, Salt Lake City, UT 84145-0360
Fax: (801) 324-2578