

COMED

Non – Residential Tenancy Change Form

REQUEST FOR CHANGE IN ELECTRIC SERVICE

Fax to ComEd, Customer Service @ Fax #: 630/684/2692

Section 1 Form completed by: Name: _____
Company Phone: _____

Section 2 New Tenant Moving In:
Company Name: _____
Service Address: _____ Unit #: _____ City: _____
Meter (s) #: _____

Company Point of Contact Name: _____ Contact Company Title:

Point of Contact Phone #: (____) _____ - _____ Federal Tax Identification #:

Begin Service: ____/____/____ (Date must be Monday through Friday—excluding
Holidays)

(If available) Previous Com Ed Acct. #: _____

Tenant requests a special mailing address? ____ Yes ____ No

If yes, please fill in: Street Address:

City: _____ State: _____ Zip Code: _____

Section 3 Tenant Moving Out:
Com Ed Acct. #: _____
Service Address: _____ Unit #: _____ City: _____
Tenant Name: _____
End Service: ____/____/____ (Date must be Monday through Friday—excluding Holidays)

