



Non- Residential Tenancy Change Form

Request for Change in Electric Service

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

Section I

Form completed by:

Name: _____

Company Phone: _____

Section II

New Tenant Moving In: (If available) Previous ComEd Acct. #: _____

Meter(s) #: _____

Company Name: _____ Federal Tax Identification #: _____

Company Point of Contact Name: _____ Contact Company Title: _____

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

Service to begin billing effective date? ____/____/____
(Date must be Monday through Friday --excluding Holidays)

Tenant requests a special mailing address? ____ Yes ____ No

If yes, please fill in: Street Address: _____

City: _____ State: ____ Zip Code: _____

Section III

Tenant Moving Out:

ComEd Acct. #: _____

Service Address: _____ Unit #: _____ City: _____

Tenant Name: _____

End Service to date? ____/____/____ (Date must be Monday through Friday ---excluding Holidays)

Fill-in tenant's forwarding address:

In Care of: _____

Street Address: _____

City: _____ State ____ Zip Code _____

For additional questions call 1-877-4COMED1