

# NON-RESIDENTIAL TENANCY CHANGE FORM

Request for Change in Electric Service

## SECTION 1: FORM COMPLETED BY

NAME	COMPANY PHONE
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## SECTION 2: TENANT MOVING IN

PREVIOUS COMED ACCOUNT NUMBER, IF APPLICABLE	METER NUMBER(S)
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COMPANY NAME	FEDERAL TAX IDENTIFICATION #
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COMPANY POINT OF CONTACT NAME	TITLE	PHONE	FED TAX ID #:
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SERVICE TO BEGIN BILLING EFFECTIVE DATE (M-F, EXCLUDING HOLIDAYS)	/	/
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TENANT REQUESTS SPECIAL MAILING ADDRESS (IF YES, PLEASE FILL IN)	YES	NO
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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## SECTION 3: TENANT MOVING OUT

COMED ACCOUNT NUMBER	TENANT NAME
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SERVICE ADDRESS	UNIT #	CITY
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END SERVICE DATE (M-F, EXCLUDING HOLIDAYS)	/	/
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TENANT'S FORWARDING ADDRESS, IN CARE OF
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STREET ADDRESS	CITY	STATE	ZIP CODE
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For Additional Questions, Call 1-877-4ComEd1

**Please fax this form to:**

ComEd Customer Service

Fax # (630) 684-2692



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