



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