



**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