

# COMED

## **Non – Residential Tenancy Change Form**

### **REQUEST FOR CHANGE IN ELECTRIC SERVICE**

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

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**Section 1** Form completed by: Name: \_\_\_\_\_  
Company Phone: \_\_\_\_\_

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**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: \_\_\_\_\_

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

