



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: \_\_\_\_\_