

# 77 WEST WACKER

## Electric Service Change Form



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**Section I: (Requester Information)**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**Section II: (New Customer Information for Establishing/Connecting Service)**

Customer Name: \_\_\_\_\_

Company: \_\_\_\_\_ Federal Tax Identification Number: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Last Address You Used Service: \_\_\_\_\_

Service Effective Date: (Date must be Monday through Friday, excluding Holidays)

Service Address: \_\_\_\_\_ Unit Number \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Previous Tenant: \_\_\_\_\_

Does customer request a Special Mailing Address?  Yes  No If yes, please provide the following information:

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Section III. (Customer Data for Discontinuing Services)**

ComEd Account Number: \_\_\_\_\_ Customer Name/Company: \_\_\_\_\_

Service Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Termination Date: (Date must be Monday through Friday, excluding Holidays)

Password, if applicable: \_\_\_\_\_

Forwarding Address for Final Bill:

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax completed forms directly to



at: 630-684-2692