



Building Management Request for Change in Electric Service
**Completed forms are to be emailed to aspizzirri@lpc.com in the management office*

Completed by Building Management

Service Address: _____ Ste: _____ City: Chicago Zip Code: 60606

Meter(s) #: _____

Service to begin effective date? ___ / ___ / ___ (Date must be Monday thru Friday - excluding Holidays)

Completed by Tenant:

Company Name: _____ Tax ID #: _____

Contact Name: _____ Work Phone #: _____

Contact ComEd: (877) 426-6331

ComEd Account #: _____

- 1. Tenant contacts ComEd to set-up electric service to their suite prior to move-in date.*
- 2. Tenant forwards completed form to management office via email to aspizzirri@lpc.com*