

# LANDLORD CANCELLATION FORM

Please Print

## SECTION I — Landlord Information

ACCOUNT NUMBER	CUSTOMER NAME/COMPANY		
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		
SOCIAL SECURITY NUMBER	FEDERAL TAX IDENTIFICATION NUMBER		
POINT OF CONTACT NAME & TITLE, IF APPLICABLE			
MAILING ADDRESS FOR BILLING	CITY	STATE	ZIP

## SECTION II — Premises Information

By cancelling this Landlord Agreement, all properties and units previously affiliated to this Agreement will be removed. If you wish to receive specific premises or units from the Agreement, please visit [ComEd.com](http://ComEd.com) to manage your Property Manager Portal account or contact ComEd at 1-877-4-COMED (1-877-426-6331) to speak to a representative.

## SECTION III — Landlord Authorization

*By submitting this form, I the undersigned Property Manager named above, agree to cancel the aforementioned Landlord Agreement. I, the undersigned Property Manager, understand that all accounts, including active accounts currently affiliated with the Landlord Agreement, will be disconnected and removed from my name.*

Please send completed cancellation form to ComEd by either fax (630-684-2692) or email ([oakbrookcustomercare2@exeloncorp.com](mailto:oakbrookcustomercare2@exeloncorp.com)). If you are experiencing any further issues, please contact ComEd at 1-877-4-COMED (1-877-426-6331) to speak to a representative.

CUSTOMER (Signature)

CUSTOMER (Print)

DATE

FOR OFFICE USE ONLY: NON-SERVICE ACCOUNT NUMBER: