CHICAGO HEATING COST DISCLOSURE FORM

SELECT ONLY ONE UTILITY GAS HEAT ELECTRIC HEAT Submit your request by email or fax: **PEOPLES GAS** Email - Preferred option (fast turnaround) Submit your request online or by email: Visit ComEd.com/EnergyDisclosure to Get informed and email requests Online - Preferred Option (fast turnaround) OR Visit peoplesgasdelivery.com/heatingdisclosure Fax OR **COMMONWEALTH EDISON** Attn: Central Correspondence Group Email (with completed form attached) 2 Lincoln Centre Oakbrook Terrace, IL 60181 HCD@peoplesgasdelivery.com Fax: 630.684.2692

NOTE: <u>Separate applications are required for Gas and Electric Heat.</u> Please check the appropriate box above. Mail or fax the completed form to the appropriate utility company as indidcated above. This application is provided to you to send to the utility companies.

Please do not mail to the Department of Business Affairs and Consumer Protection.

Please Indicate Ow	vner or Realtor:		
Owner/Realtor Ma	iling Address:		
City:	State:	Zip Code:	
Owner/Realtor Tel. Number:		Owner/Realtor Fax No.:	
Name of Occupant	:		

List Address and Apartment Number of Dwelling Unit

NOTE: If dwelling has multiple addresses or is a corner building, list each address separately and the first and last apartment number at the bottom.

<u>Example</u>: 111 E. 1st Street Apt. 101 - 328

113 E. 1st Street Apt. 329 - 528

ADDRESS	APARTMENT NUMBERS

Knowing that there are legal penalties for making a false claim of ownership or agency, I hereby certify that I am the owner/agent for the property in question, and I hereby request disclosure of the projected annual average monthly cost of electricity or gas which provides the only source of heat for the above-described dwelling units.

Date of Request:	Signature:
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