

Electric Aggregation Program for the
Village /City /County /Township of _____

**Request for Permanent, Life-Time Opt Out from the
Municipal Electric Aggregation Program**

Name, **EXACTLY** as it appears on ComEd bill: _____

Phone number: _____

Email address: _____

ComEd Account Number: _____
Ten-digit number

Service address: _____
Street, Apt

City, State, Zip

Billing address, if different:

Street, Apt

City, State, Zip

By completing this form, I certify that I am the customer of record for the electric account listed above.

I request that the aforementioned ComEd electric account be opted out from any and all future municipal electric aggregation programs. Please allow my account to remain at ComEd default supply service.

Signature

Date

Must provide all information or your account may not be opted out of future programs.

Please scan and email form to: **sdurling@NIMEC.net**