CHICAGO HEATING COST DISCLOSURE FORM

SELECT ONLY ONE UTILITY	
GAS HEAT	
Mail Request to: PEOPLES GAS Attn: Energy Disclosure Customer Care Unit 200 E. Randolph, 20th Floor Chicago, IL 60601 Phone: 866.556.6001 Fax: 312.240.3991	Mail Request to: COMMONWEALTH EDISON Attn: Central Handling Group 2100 Swift Drive Oak Brook, IL 60523 Phone: 800.334.7661 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 Owner or Realtor:_____

Owner/Realtor Mailing 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.

Example: 111 E. 1st Street

113 E. 1st Street

Apt. 101 - 328

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:_____



Form Provided by: City of Chicago Department of Business Affairs and Consumer Protection cityofchicago.org/bacp

