



Commonwealth Edison Company
 Claims Department
 P.O. Box 767
 Chicago, IL 60690-0767

Claim Form

1-800-Edison-1
 1-800-334-7661

1-800-95-LUCES
 (1-800-955-8237)
 (se habla español)

Please Print Legibly

(Use an additional sheet of paper if more space is needed.)

() _____ Daytime Phone Number	_____ Name
() _____ Home Phone Number	_____ Address
_____ Name of Contact Person (Units of Local Government Only)	_____ City State Zip
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Date Damage Occurred

Time: _____ a.m./p.m.

Location of Damage

Address

City/State/Zip

What happened?

THIS FORM IS FOR INFORMATION ONLY AND DOES NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF COMMONWEALTH EDISON COMPANY. Return completed claim form and documentation to:

Commonwealth Edison Company
 Claims Department
 P.O. Box 767
 Chicago, IL 60690-0767

List of Damages

Attach supporting documentation. If your claim is for repair to a vehicle, your documentation should include copies of estimates from two repair shops on their printed invoice or estimating form; we reserve the right to request an independent estimate. If your claim is for food spoilage, your documentation should include an itemized list of spoiled items shown with the price of each and the total for all items, and copies of receipts or canceled checks, if any. If your claim is for equipment or property repair, your documentation should include copies of bills paid to have the property repaired, or in the event that you choose not to have the property repaired, a copy of a written estimate of the cost that would have been incurred if the property had been repaired. If an item is not repairable, you should state that information and your documentation should include proof that a total loss of the property resulted. If your claim is for damage from a power interruption, power surge, or other fluctuation, your documentation should include proof that the damage resulted from such power interruption, power surge, or other fluctuation.

Item	Make/Model	Age	Date Purchased	Purchase Price	Repair or Replacement Cost	Serial No.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Dollar Amount of Damage Claim: \$ _____

The above information is true and correct to the best of my knowledge.

Signature _____ Date _____

Title (Units of Local Government Only)

For Office Use Only

File Number _____ Claim Number _____ Adjuster _____ Region _____