

# CHICAGO HEATING COST DISCLOSURE FORM

SELECT ONLY ONE UTILITY

**GAS HEAT**

Mail Request to:  
**PEOPLES GAS**  
Attn: Energy Disclosure Customer Care Unit  
130 E. Randolph, 16th Floor  
Chicago, IL 60601  
Phone: 866.556.6001  
Fax: 312.240.3991

**ELECTRIC HEAT**

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:** Separate applications are required for Gas and Electric Heat. Please check the appropriate box above. Mail or fax the completed form to the appropriate utility company as indicated 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

