

# GOVERNMENTAL AUTHORITY AGGREGATION FORM (GAAF)

In order to begin the process of Municipal Aggregation with ComEd under Rate GAP, please complete and submit the form below. After submitting the completed form, you will be contacted by a ComEd representative, who will be your primary point of contact to assist you through the Municipal Aggregation process.

**Check appropriate:**

New Aggregation request

Changes to existing Aggregation request

## CORPORATE INFORMATION (for contact and set up purposes)

**MUNICIPAL AUTHORITY NAME**

<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>FEDERAL TAX ID</b>		<b>STATE TAX ID</b>
<b>REFERENDUM (opt-out) OR ORDINANCE (opt-in) NUMBER</b>		<b>REFERENDUM (opt-out) OR ORDINANCE (opt-in) DATE</b>		

Update Info

## PRIMARY CONTACT INFORMATION (for primary communication purposes)

<b>PRIMARY CONTACT</b>		<b>TITLE</b>		
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>		<b>E-MAIL ADDRESS</b>		

Update Info

## SECONDARY CONTACT INFORMATION (if primary contact unavailable)

<b>SECONDARY CONTACT</b>		<b>TITLE</b>		
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>		<b>E-MAIL ADDRESS</b>		

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## PROGRAM INFORMATION

<b>AGGREGATION PLAN TIMELINE AVAILABLE?</b>	<b>YES</b>	<b>NO</b>	<b>PROJECTED DATE - request for load data</b>
<b>PROJECTED DATE - request for customer name &amp; address</b>			<b>PROJECTED DATE - request for account numbers (opt-out only)</b>

To begin the data request process, please submit the Municipal Authority Aggregation Data Request Form

Please submit form via e-mail [ESSD@ComEd.com](mailto:ESSD@ComEd.com) or via fax (630) 684-2830.