



PECO CLAIM REGISTRATION FORM

Claims Division
1-877-538-7769

Dear PECO Customer:

To register your claim with PECO, please print out and return a completed claim registration form. You may e-mail it to pecoclaims@exeloncorp.com, fax it to 215-841-4919, or mail the form to the following address: **PECO Energy, Claims Division, S16-1, 2301 Market Street, Philadelphia, PA 19103.**

Once this form is received in our office, you will be contacted by one of our Case Managers.

Name

Daytime Phone No.

Mailing Address

E-mail Address

City, State, Zip

Date & Time of Loss or Damage

PECO Energy Account No. (if applicable)

Address of Loss Location

Please describe the details of the incident and list the item(s) damaged.

Signature

Date

THIS FORM IS A REQUEST FOR INFORMATION ONLY AND DOES NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF PECO ENERGY COMPANY.