



An Exelon Company

THIRD-PARTY NOTIFICATION APPLICATION

(Applicable to assisted living residences, community residence facilities, and nursing facilities operating in the District of Columbia)

Customer or Facility Name

Customer or Facility Account Number

Customer or Facility Service Address (Include: City, State and Zip Code)

Customer or Facility Telephone

Customer (or Representative) Signature

Third-Party Contact Name

Third-Party Contact Address (Include: City, State and Zip Code)

Third-Party Contact Telephone

Third-Party Contact Email

Third-Party Contact (or Representative) Signature

_____ It is your right, unless otherwise required by law, to restrict access to your address, phone number, and account records. Make a check on the line if you do not want to provide this information to the third-party contact(s) listed on this form.