**cid:image001.png@01D341A2.93774150**

**Date**: Tap to enter text.

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| **CANCELLATION FORM**  **LIFT CURRENT TRANSFORMER (CT)** |

**This form is to cancel/ reschedule Lift CTs Outages only.**

**All other cancellations please call the appropriate service center**

**Note: Cancellations or schedule changes requires a minimum of 48 business hour advance notice,**

**fees will not be refunded or used for the future outage.**

***Please complete the form in its entirety and email to*** [PepcoCTOutagecancellation@exeloncorp.com](mailto:PepcoCTOutagecancellation@exeloncorp.com).

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| **OUTAGE CONTACT** |

**Electrician Name**: Tap to enter text.

**Phone Number/Email:**  Tap to enter text.

**Outage Address/Building Name**: Tap to enter text.

**Date & Time of Requested Outage**: Tap to enter text.

***Reason for Cancellation***: Tap to enter text.

**Reschedule Date** (if applicable): Tap to enter text.

**Note:** Reschedule dates are based on schedule availability.