



**PECO CLAIM REGISTRATION FORM**

Claims Division  
1-877-538-7769

Dear PECO Customer:

To officially register your claim, please complete and return this form in the enclosed self-addressed return envelope, or fax the form to us at 215-841-4919.

Our address is: **PECO, Claims Division, S16-1, 2301 Market Street, Phila., 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 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.**