



DELIVERY SERVICE CUSTOMER INFORMATION CHANGE FORM

PLEASE FAX THIS FORM TO (410) 291-4936.

Effective Date of Change _____
BGE Bill Account No. _____
Customer Name _____
Address _____
Name of Person to Contact _____ Signature _____
Phone Number _____ FAX Number _____

PLEASE CHOOSE ONE BALANCING OPTION

COMPREHENSIVE BALANCING SERVICE

SELF BALANCING OPTION

DELETE FROM THE FOLLOWING GROUP

Group Name _____

DSWeb access will be deleted from the Group Library.

If you are joining a new group, complete the "ADD TO THE FOLLOWING GROUP" section below.

ADD TO THE FOLLOWING GROUP

Group Name _____

Group Administrator _____

Address _____

Group Contact Person _____

Phone Number _____ FAX Number _____

This form will serve as authorization to grant DSWeb access to the Group Administrator.

Notify BGE in writing if you do not want to grant DSWeb access to the above listed Group Administrator.