

CUSTOMER FORM TO REQUEST IMPEDANCE FOR AN EXISTING ACCOUNT

Requests involving new or upgraded services should go through the customer's project manager at Oncor.

	SERVICE INFORMATION				
	CUSTOMER NAME:				
	Please provide ESI ID and meter number. Both numbers are required				
	ESI NUMBER:		METER NUMBER:		
		(From electric bill, 17 numeric digits beginning with 1044372000 or 1017699000)		(Submit only one meter per request)	
	ELECTRIC SER	ELECTRIC SERVICE ADDRESS:			
			LATITUDE:		
			LONGTITUDE:		
				(Example format, 32.768799, -97.309341)	
	POINT OF C	ONTACT INFORMATION	NC		
	COMMENTS:				
9	CONTACT NAM	E:			
)	CONTACT EMA	IL:			
	CONTACT NUM	BER:	EXT:		
	ONCOR CONTA	ACT EMAIL:			