

SERVICE ADDRESS

CUSTOMER ACCOUNT NO.	
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CITY OF LYNWOOD

APPLICATION FOR WATER AND TRASH SERVICE

11330 Bullis Road
Lynwood, CA 90262
(310) 603-0220 ext. 290
Water Billing Division

OWNER'S NAME (PLEASE PRINT FIRST NAME AND LAST NAME)	
OWNER'S ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)	
OWNER'S PHONE NUMBER (INCLUDE AREA CODE)	
TENANT NAME (IF APPLICABLE) (PLEASE PRINT FIRST NAME AND LAST NAME)	
TENANT'S HOME PHONE NUMBER (INCLUDE AREA CODE)	
TENANT'S MOBILE PHONE NUMBER (INCLUDE AREA CODE)	
TENANT'S WORK PHONE NUMBER (INCLUDE AREA CODE)	
MAILING ADDRESS	

EMPLOYER'S NAME	
EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)	

SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.	
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TO BE COMPLETED BY WATER BILLING DIVISION STAFF			
START DATE		CLOSE DATE	

TYPE OF SERVICE	
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OWNER
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> TENANT

DEPOSIT AMOUNT

PLEASE READ AND SIGN	
I hereby agree to abide by all Rules and Regulations established by the Lynwood Municipal Code. In consideration, water and trash service will be provided until notice is given to discontinue such service.	
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APPLICANT'S SIGNATURE	DATE