

<b>SERVICE ADDRESS</b>

<b>CUSTOMER ACCOUNT NO.</b>	
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# CITY OF LYNWOOD

**APPLICATION FOR WATER SERVICE**  
**11330 Bullis Road**  
**Lynwood, CA 90262**  
**(310) 603-0220 ext. 290**  
**Water Billing Division**

<b>OWNER'S NAME (PLEASE PRINT FIRST NAME AND LAST NAME)</b>	
<b>OWNER'S ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)</b>	
<b>OWNER'S PHONE NUMBER (INCLUDE AREA CODE)</b>	
<b>PROPERTY ADDRESS</b>	
<b>MAILING ADDRESS</b>	

<b>SOCIAL SECURITY NO./TAX ID</b>		<b>DRIVER'S LICENSE NO.</b>	
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TO BE COMPLETED BY WATER BILLING DIVISION STAFF			
<b>START DATE</b>		<b>CLOSE DATE</b>	

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

<b>DEPOSIT AMOUNT</b>

PLEASE READ AND SIGN	
<p>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.</p>	
<hr/> APPLICANT'S SIGNATURE	<hr/> DATE