



CITY OF LYNWOOD
REQUEST TO CHANGE ADDRESS
11330 Bullis Road
Lynwood, CA 90262
(310) 603-0220 ext. 290
Water Billing Division

TODAY'S DATE: _____

ACCOUNT NAME: _____

REQUESTOR'S NAME *(If Different From Account Name):* _____

SERVICE ADDRESS _____

CUSTOMER ACCOUNT NO: _____

DRIVER'S LICENSE NO: _____

NEW MAILING ADDRESS _____

SIGNATURE: _____

DATE: _____