



6900 N. LINCOLN AVENUE  
LINCOLNWOOD, ILLINOIS 60712  
847-745-4700 phone  
Dcasey@lwd.org

**REQUEST TO CHANGE WATER BILLING ACCOUNT INFORMATION**

**Property Owner/Agent name** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**Moving Tenant's name** \_\_\_\_\_

**Moving Tenant's Forwarding Address** \_\_\_\_\_

\_\_\_\_\_

**New Tenant's name & phone # (if any)** \_\_\_\_\_

\_\_\_\_\_

**Effective date** \_\_\_\_\_

I acknowledge that the information provided above is accurate and request that the Village of Lincolnwood make the above changes to the water account for billing purposes.

\_\_\_\_\_  
Property Owner/Agent Signature

\_\_\_\_\_  
Current Tenant's Signature

\_\_\_\_\_  
New Tenant's Signature

**Homeowner if you would like to receive copies of the bills please provide a forwarding address below:**

\_\_\_\_\_