



**6900 N. LINCOLN AVENUE
LINCOLNWOOD, ILLINOIS 60712
847-745-4700 phone
SWajda@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:
