

## CITY OF LAKEWOOD ACCOUNT CHANGE FORM

| BUSINESS NAME:   | LICENSE #:              |
|--|-------------------------|
| Effective Date of Change:  | FEIN #                  |
| <ul> <li>□ Business Name Change</li> <li>□ Business Address Change</li> <li>□ Mailing Address Change</li> <li>□ Phone Number Change</li> <li>□ Request to change filing status</li> <li>□ Termination of sales/use tax license</li> <li>□ Request for consolidated filing</li> <li>□ Reprint sales or use tax license</li> <li>□ Reprint returns</li> <li>□ Other</li> </ul> |                         |
| Current Account Information:   |                         |
|  |                         |
|  |                         |
|  |                         |
| Request to Change to:  |                         |
|  |                         |
| IF YOU ARE CHANGING OWNERSHIP IN IDENTIFICATION NUMBER, YOU MUST COMPLIF YOU HAVE ANY QUESTIONS, PLEASE CO 987-7630.   | LETE A NEW APPLICATION. |
| Authorized Signature:  | Date:                   |
| Phone Number:  |                         |

PLEASE RETURN THE FORM TO: CITY OF LAKEWOOD PO BOX 17479 DENVER, CO 80217 FAX # 303-987-7662