



CITY OF LAKEWOOD ACCOUNT CHANGE FORM

BUSINESS NAME: _____ LICENSE #: _____

Effective Date of Change: _____ FEIN # _____

(Federal Employee
Identification Number)

- Business Name Change
- Business Address Change
- Mailing Address Change
- Phone Number Change
- Request to change filing status
- Termination of business license
- Request for consolidated filing
- Reprint sales or use tax license
- Reprint returns
- Other

Current Account Information:

Request to Change to:

IF YOU ARE CHANGING OWNERSHIP INFORMATION OR FEDERAL EMPLOYER IDENTIFICATION NUMBER, YOU MUST COMPLETE A NEW APPLICATION. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE REVENUE DIVISION AT (303) 987-7630.

Authorized Signature: _____ Date: _____

Phone Number: _____

**PLEASE RETURN THE FORM TO:
CITY OF LAKEWOOD
PO BOX 261450
LAKEWOOD, CO 80226-9450**