



VILLAGE OF LYNCHBURG
155 S. MAIN ST. ~ P.O. BOX 402
LYNCHBURG, OH 45142
PHONE: 937-364-2241 - FAX: 937-364-2241

CHANGE OF NAME REQUEST

I request to change my name:

From: _____

To: _____

Reason for change: _____

Effective date: _____

Account #: _____

Phone number: _____

Signature

Date