

LYNDHURST MUNICIPAL COURT
CHANGE OF ADDRESS FORM

DATE: _____

NAME: _____

NEW ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

Please fill out this form completely and legibly.

Return it to the Court in one of the following ways:

1) Mailing it to:

Lyndhurst Municipal Court
5301 Mayfield Road
Lyndhurst, Ohio 44124

2) Faxing it to (440) 442-1910

3) Dropping it off at the Clerk's office