

**LOS ANGELES DEPARTMENT OF WATER AND POWER
NAME CHANGE REQUEST**

Date: ___/___/_____

**Civil Service Commission
700 East Temple Street, Room 360
Los Angeles, CA 90012**

To Whom It May Concern:

Please amend your records to show my new name as follows:

FROM:

TO:

Yours truly

(Your **NEW** Signature here)

EMPLOYEE NO:	
MARRIED/SINGLE:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
SOC. SECURITY NUMBER:	
PAYROLL NUMBER:	
CLASS TITLE:	
CLASS CODE:	
WORK LOCATION:	

EFFECTIVE DATE (Personnel Use Only): ___/___/_____

INSTRUCTIONS: Please attach copy of Social Security Card with new name. Submit to:

LADWP PERSONNEL SERVICES OFFICE - JOHN FERRARO BUILDING (JFB) ROOM 546