

**CITY OF COMPTON
LOCAL HOUSING AUTHORITY
700 N. BULLIS ROAD
COMPTON, CA 90221
(310) 605-3080
(310) 605-3096**

REQUEST FOR CHANGE OF MAILING ADDRESS

APPLICANT NAME: _____

APPLICANT NUMBER: _____

APPLICANT PHONE NUMBER: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

EFFECTIVE DATE: _____

SIGNATURE: _____ **DATE:** _____