

NEW ACCOUNT APPLICATION

Lee County Utilities – Customer Service
7391 College Parkway
Fort Myers, Florida 33907

Telephone: (239) 533-8845
Toll Free Number: (800)485-0214
Fax Number: (239) 485-8845

ATTENTION CUSTOMERS:

Please see the back of your monthly invoice for billing information. Also, visit Lee County Utilities web site for important information regarding your new utility account at <http://www.leegov.com/utilities/>.

NOTE: All new account requests must be presented with either proof of ownership, a lease or a rental agreement.

Please Check One: Residential Owner Residential Tenant Commercial

Please Print

NAME _____
Last First Middle Initial Date of Birth Gender

DRIVER'S LICENSE, FEIN OR OTHER ID NO: _____ SPECIFY FORM OF ID: _____

BUSINESS NAME (DBA) _____

SERVICE ADDRESS _____
Address Service - Turn on Date

City State Zip Code Cell Phone

MAILING/BILLING ADDRESS (if different than above) _____
Address PREVIOUS SERVICE Address

City State Zip Code City State Zip Code

Home Phone _____ Work Phone _____ E-mail _____

Deposit Information

To guarantee payment for water and/or sewer services, a deposit must be paid before services can be initiated. If, after 23 months of un-interrupted service, you have a good credit standing with LCU, the deposit (plus interest) will be credited to your account. If you terminate your service before 23 months have accrued, the deposit will be applied to your final bill. Any remaining credit balances will be refunded to you.

Please check one:

I have attached a letter of reference from my previous utility provider **OR** I will be enrolling for autopay and paperless billing, therefore, request the deposit to be waived (Residential accounts only.)

I have another service address with LCU with 23 months of un-interrupted service and a good credit standing with LCU and, therefore, request the deposit to be waived. (See above prev. svc addr and/or account no: _____). (Residential accounts only)

I intend to pay LCU the required deposit.

Customer Contract

- I hereby request and authorize Lee County Utilities to supply water and/or sewer service to the above described property until receipt of formal notice from me requesting discontinuance of such water and/or sewer service.
- I agree to promptly pay for said water and/or sewer service at the rates established by the Lee County Utilities Division and within the time periods delineated in the Lee County Utilities Operations Manual.
- I hereby agree to abide by the rules and regulations applicable to said water and/or sewer service as delineated in the Lee County Utilities Operations Manual.
- To cover the costs of obtaining the initial meter read and establishing the billing and accounting records, an **initial** (non-refundable) **service fee** will be charged to your first bill.
- I will make sure that **ALL WATER FIXTURES ARE TURNED OFF BOTH INSIDE AND OUTSIDE OF THE HOME OR BUILDING** before the above service turn-on date. **I understand that, if a second trip is required because the water was running when originally turned on, a trip charge will be billed to me. Please initial _____.**

Customer Signature _____ Date _____

Authorized Agent Signature _____ Date _____ Agent Title _____ Agent Name (please print) _____

IMPORTANT PUBLIC RECORDS NOTICE:

Because Lee County Utilities is subject to Florida's Public Records law, your account information is subject to disclosure to the public. You may be entitled to have this information exempted from public disclosure if you have a legal basis to support it (i.e. a victim of a crime, law enforcement or probation officers, certified firefighters, justices of court, child advocacy personnel, certain government officials, code enforcement officers and human resource personnel). I qualify for an exemption Yes No (If No, Please Initial)

If yes, please provide the basis for the exemption: _____

NOTE: In the event of a Public Records request, you may be asked to confirm whether the basis for your exemption applies.

OFFICE USE ONLY

Account Number: _____ Deposit Amount: _____ Check or Auth No. _____ Date: _____