## Lee County Utilities TRANSFER REQUEST FORM

7391 College Parkway Fort Myers, Fl 33907 (239)533-8845 or 1-800-485-0214 Fax: (239)485-8845 E-mail: Utilities@leegov.com

The first bill (after the transfer request has been processed ) will reflect a non-refundable transfer fee.

| This fee is a service charg  | je for obtaining a meter rea         | ading at your new add | dress and updating      | រូ your billing reco | rds.     |
|--|--------------------------------------|-----------------------|-------------------------|----------------------|----------|
| Customer Name:   |                                      |                       |                         |                      |          |
| LCU Account #:   |                                      |                       |                         |                      |          |
| Transferring service <b>FROM:</b>  |                                      |                       |                         |                      |          |
| Service Address:   |                                      |                       |                         |                      |          |
| Turn OFF Date:   |                                      |                       |                         |                      |          |
| Transferring service <b>TO:</b>  | Please include a copy of             | f your proof of owner | ship or rental agre     | ement with your      | request. |
| Service Address:   |                                      |                       |                         |                      |          |
| Turn ON Date:  |                                      |                       |                         |                      |          |
| The <u>Turn On</u> and <u>Turn Off</u> Date m  | oust be within <u>14 days</u> of eac | h other.              |                         |                      |          |
| New Mailing Address:   |                                      |                       |                         |                      |          |
| Street:  |                                      |                       |                         |                      |          |
| City:  |                                      | State:                |                         | Zip:                 |          |
|  |                                      |                       |                         |                      |          |
| Drivers Lic:   |                                      | E-Mail Address:       |                         |                      |          |
| Please include a   | copy of your DL to your request.     |                       |                         |                      |          |
| Home Phone:  |                                      | Business Phone:       |                         |                      |          |
| Please initial in the box to represent that<br>one is available to turn them off, to pro<br>property to turn on the water, the custo | tect the property from water dam     |                       | he water. If LCU has to |                      |          |
| Customer Signature:  |                                      |                       | Date:                   |                      |          |