



# NEW ACCOUNT APPLICATION

Lee County Utilities – Customer Service  
7391 College Parkway  
Fort Myers, Florida 33907  
Telephone: (239) 533-8845  
[www.leegov.com/utilities/](http://www.leegov.com/utilities/)

**This application contains fillable fields and can be digitally signed if opened in Adobe Reader. To apply by email save a copy of this form, complete the fillable field's, then send it as an email attachment to: [Utilities@leegov.com](mailto:Utilities@leegov.com). You can also print this form, complete by hand, then send a scanned copy as an email attachment or fax to (239) 485-8845.**

**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 Unit/Apt # Service - Turn on Date

City State Zip Code Cell Phone

MAILING/BILLING ADDRESS (if different than above) \_\_\_\_\_ PREVIOUS: \_\_\_\_\_  
Address Unit/Apt # SERVICE Address Unit/Apt #

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 and, 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. (Residential accounts only)
- I intend to pay LCU the required deposit. Please contact Lee County Utilities for the proper deposit amount.

### Customer Contract

1. 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.
2. 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.
3. 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.
4. 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.
5. 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 \_\_\_\_\_.

Signature – Customer or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_ Please Print – Authorized Agent Name and Title \_\_\_\_\_

#### \*\*\*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: \_\_\_\_\_