Transfer Service Within LCU Service Area

When you plan to move to a new residence within the LCU service area, please complete the following steps:

- Make sure your account balance is current
- Mail, Fax or Email the following to LCU:
 - Transfer Service Request Form
 - Proof of Ownership or Rental Agreement
 - Copy of Valid Government-Issued Photo ID

Mail:

Lee County Utilities 7391 College Parkway Fort Myers, FL 33907

Fax: 239-485-8845

Email: Utilities@leegov.com

There can only be a 14-day window between the turn-off date (for the old residence) and the turn-on date (for the new residence).

Please note, same day service is only offered if ALL of your required paperwork is received prior to 12:00pm. Any requests for same day service received after 12:00pm will be scheduled the next business day.

www.leegov.com/utilities/transfer 1/2

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 charge for obtaining a meter reading at your new address and updating your billing records. **Customer Name:** LCU Account #: Transferring service FROM: Service Address: Turn OFF Date: Please include a copy of your proof of ownership or rental agreement with your request. Transferring service **TO**: Service Address: Turn ON Date: The <u>Turn On</u> and <u>Turn Off</u> Date must be within <u>14 days</u> of each other. **New Mailing Address:** Street: City: State: Zip: **Drivers Lic:** E-Mail Address:

Please initial in the box to represent that you will ensure all fixtures are turned off, both inside and outside the property. If the fixtures are turned on and no one is available to turn them off, to protect the property from water damage, LCU will not turn on the water. If LCU has to make a second trip to the property to turn on the water, the customer will be charge a trip charge. <--Initial Here

Business Phone:

Customer Signature:	Date:

Please include a copy of your DL to your request.

Home Phone: