

# Lee County Utility Services

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: (If different than physical address) \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Spouse/Roommate Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **For Office Use Only**

Customer Account Number: \_\_\_\_\_

Does Customer Need A Cart: Yes OR No

Amount Paid Today: \$ \_\_\_\_\_

CC/Cash/Check/MO