

**LEE COUNTY UTILITIES**

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**Temporary (Summer) Disconnect Re-Connect  
Service Request Form**

**\*\*\*\*\*PLEASE COMPLETE THIS FORM IN ITS ENTIRETY\*\*\*\*\***

LCU ACCOUNT NUMBER \_\_\_\_\_

NAME ON ACCOUNT \_\_\_\_\_

DRIVERS LICENSE NO: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DISCONNECT DATE: \_\_\_\_\_

RECONNECT DATE: \_\_\_\_\_

TEMPORARY PHONE NUMBER: \_\_\_\_\_

TEMPORARY MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I authorize service to be temporarily Discontinued/Re-Connected at the above service address:

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

NOTE: If you are unsure when you would like service to be re-connected, leave the Date Service Reconnect field blank. Once date has been determined, resubmit form with reconnect date completed.

**Please submit requests as far in advance as possible.**