Lee County Electric Cooperative, Inc.
Post Office Box 4608
North Fort Myers, FL 33918-4608
(239) 656-2300 • Fax (239) 995-4287
www.lcec.net

Dear Member:

The bylaws of Lee County Electric Cooperative, Inc., allow name changes under specified conditions, including marriage, divorce, and other legal-name changes. Please complete a Membership Status Change Affidavit and sign it in the presence of a notary with the appropriate documentation listed below.

- Name Change for Marriage - Please return with a copy of your marriage license.
- Name Change for Divorce - Please return with a copy of your final judgment.
- Legal Name Change - Please return with a copy of the court document.
- **Add** a Joint Name - Bylaws permit addition of a Spouse or Joint Tenancy only.
    - *For Spouse, if Spouse has a different last name, please return with a copy of your marriage license.*
    - *For Joint Tenancy, please return with a copy of the deed to the property.*
- **Delete** Joint Name - Please complete a Membership Status Change Affidavit.

Please mail all paperwork to:

LCEC
Attn: Billing Services
P.O. Box 4608
North Fort Myers, FL 33918-4608

You may also safely transmit your completed forms to LCEC through our Secure Document Submission page on www.lcec.net to ensure faster delivery. If you have any questions, please contact the LCEC Member Care Center at 239-656-2300 or 800-599-2356; or visit www.lcec.net (Click on My Account, then Equity, then Equity FAQ and Forms).

Thank you for your cooperation.

Sincerely,

LEE COUNTY ELECTRIC COOPERATIVE, INC.

LCEC
PEOPLE. POWER. POSSIBILITIES.

MEMBERSHIP STATUS CHANGE AFFIDAVIT

State of: _____ County of: _____

Before me this day personally appeared _____
who being duly sworn states that:
I have the following Membership (Customer) with LCEC., Inc. Customer # _____

Social Security (or EIN) # _____ Name _____

The Bylaws of LCEC allow name changes under specific conditions - marriage, divorce, and other legal name changes or joint tenancies and similar ownership structures.

I request that the title on this Membership be changed to _____

I understand that this change will not release me/us of liability of any unpaid amounts owed on any accounts associated with the above Membership.

Initial one box (if applicable)

❒ By **adding** the Co-Applicant named below, I understand that all past and future equity ownership will become jointly owned.

❒ By **removing** the Co-Applicant named below, I understand that this change will not release liability of any unpaid amounts owed on any accounts associated with the above membership.

_____ _____
Member Social Security # Member Signature

Signed and sworn to (or affirmed) before me on _____ by _____
He/She is personally known to me or has produced _____
as identification.

_____ _____
Notary Signature and Commission # Printed Name of Notary

Co-Applicant Information

Co-Applicant Name _____ Social Security # _____
Date of Birth _____ Phone # _____
Previous Address _____

My notarized signature below authorizes LCEC to complete an identity Verification.

_____
Co-Applicant Signature

Signed and sworn to (or affirmed) before me on _____ by _____
He/She is personally known to me or has produced _____
as identification.

_____ _____
Notary Signature and Commission # Printed Name of Notary

NOTARY SEAL/STAMP

Equity Dept. Use

ACCT. ID # _____
CUSTOMER # _____
EO BALANCE $ _____
G&T BALANCE $ _____
DUE $ _____
EQUITY REP _____