

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:

Attn: Customer Care Center
LCEC
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 LCEC.Net to ensure faster delivery. If you have any questions, please contact the Customer Care Center:

Phone: 239-656-2300
Toll-Free: 800-599-2356
Fax: 239-995-4287
Website: www.lcec.net
Email: customercare@lcec.net

Thank you for your cooperation.

Sincerely,

LEE COUNTY ELECTRIC COOPERATIVE, INC.
Customer Care Operations



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