

# CHARLOTTE COUNTY UTILITIES

## Change of Owner/Tenant

### Commercial Units



CUSTOMER INFORMATION - Please fill out all fields and submit all required documents: Proof of Ownership or (Lease agreement, Warranty Deed or Business license) & Floor Plan

New Business Name for Charlotte County Utilities Account:

\_\_\_\_\_  
New Owner/Tenant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business description:  Store  Office  Warehouse  Restaurant/Bar

Other: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Number of Seats (Restaurant/Bar): \_\_\_\_\_

Date Service to Start/Tenant: \_\_\_\_\_

Date Service to Start/Owner: \_\_\_\_\_

Is there any change in the use of the business?  **YES** (Change of usage/occupancy form required)  **NO**

**DEPOSITS AND APPLICATION MUST BE RECEIVED WITHIN 15 BUSINESS DAYS FROM THE DATE OF YOUR REQUEST.**  
**CHARLOTTE COUNTY UTILITIES ADDRESS IS LISTED BELOW. PLEASE MAKE ATTENTION "BUSINESS SERVICES".**

FOR CCU OFFICE USE ONLY

Size of existing meters: \_\_\_\_\_ Irrigation Meter:  **YES**  **NO** Fire Hydrant:  **YES**  **NO**

Customer Number: \_\_\_\_\_ Premise Number: \_\_\_\_\_

Irrigation Customer #: \_\_\_\_\_ Irrigation Premise #: \_\_\_\_\_

Deposit for Water: \_\_\_\_\_ and/or Sewer: \_\_\_\_\_

Business Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_

25550 Harbor View Road, Unit 1  
Port Charlotte, FL 33980

Phone: 941-764-4300 or 1-800-524-3494 Fax: 941-764-4319  
ccusupport@CharlotteCountyFL.gov