



City of South Lebanon
10 N. High Street, South Lebanon, Ohio 45065
phone: 513-494-2296 fax: 513-494-1656 www.southlebanonohio.org

**South Lebanon Utilities
Transfer of Deposit Form**

Current Account Holder: _____

Address: _____

Account#: _____

Amount of Deposit: _____

New Account Holder: _____

(New Utility Application must be attached)

I, _____, hereby transfer the utility service deposit of \$ _____ to
(Current Account Holder)

_____. I, _____, as the new account holder shall
(New Account Holder)

assume responsibility for all utility bills for the above listed address as of the date listed below
as long as I am the account holder and shall abide by the rules and regulations of the City of
South Lebanon Utility Department.

Current Account Holder: _____
Signature Printed Name Date

New Account Holder: _____
Signature Printed Name Date

Witness: _____
Signature Printed Name Date