



**Village 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 Village of South Lebanon Utility Department.

Current Account Holder: \_\_\_\_\_  
Signature printed name date

New Account Holder: \_\_\_\_\_  
Signature printed name date

Witness: \_\_\_\_\_  
Signature printed name date