



Transfer Request Road Impact Fee Credits

Commercial Residential

TRANSFER ROAD IMPACT FEE CREDITS FROM:

Name: _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Amount to be transferred: _____

I hereby authorize the transfer of the aforementioned Road Impact Fee Credits from my account to:

License Holders Name _____ Company Name _____

Signature of Seller _____ Date _____

(Print or Type Name of Seller)

STATE OF FL / COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

_____ who is personally known or produced
_____ as identification.

Exp. Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed name of Notary Public: _____

TRANSFeree ACKNOWLEDGEMENT:

Company Name: _____ Telephone _____
Address: _____ City _____ State _____ Zip _____

I hereby accept the transfer of the aforementioned Road Impact Fee Credits and request an account be established in my name.

Signature of License Holder _____ Date _____

(Print or Type Name of License Holder)

Department of Community Development Authorization:

Name _____ Title _____ Date _____

Fee Transferred by: _____ Date _____