

Utility Order for Service

City of Cape Coral

P.O. Box 150006

Cape Coral, FL 33915

Phone: (239) 574-7722 Fax: (239) 242-3898

**This form can be mailed or faxed to "Customer Billing Services" at the address or fax number above.
All orders for service must be received at least two days prior to date of service. See supporting document requirements below.**

Activation Date: _____ Closing Date (if owner): _____

Circle: Owner-**HUD REQUIRED** Tenant-**LEASE REQUIRED** Agent-**LISTING AGREEMENT** New Construct Landlord

Account Name: _____

Contact Name (If Applicable): _____

Address of Service Request: _____

If property is a duplex, which side requires service? Left Right Front Back

Billing Address: _____

City/State/ZIP: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Driver's License or Photo Identification #: _____ (REQUIRED)

Social Security #: _____ Email Address : _____

Employer Name: _____ Employer Phone #: _____

Have you had a Utility account with the City of Cape Coral? Yes No E-bill? Yes No Bank draft? Yes No

If YES, please list account #, or service address: _____

Does service need to be disconnected at this address? Yes No

If "yes," date you want service disconnected: _____

Please read the following: I agree to take water and/or sewer service from the City of Cape Coral Utilities Division in accordance with the appropriate City ordinance, regulations and rate schedules now in effect and/or superseding ordinance, regulations and rates. I understand that Florida Statute 159.17 provides authority to lien this land or premises for all unpaid water/sewer service charges until paid, which liens shall be prior to all other liens on such land or premises except the lien of state, county and municipal taxes and shall be on a parity with the lien of such taxes. **I understand additional information is required to authenticate my identification and/or account information, (for example, HUD closing statement, lease, listing/management agreement, driver's license, photo identification, etc.)**

I agree that if this account goes to a Collection Agency for an unpaid balance, I will be responsible for all collection charges.

- **A deposit shall be required of all new utility customers.**
- **Deposit Exemptions-** A new customer will be exempt from the customer deposit requirement with a written statement from another utility company that previously provided service to the customer, stating that the new customer's account was active for the past 2 years and had a good payment history for the most recent 12 months.

UTILITY DEPOSIT RATES

Based on meter size and number of meters

5/8" – \$100.00 1" – \$130.00 Duplex and Multi-family locations are based on a per unit rate

Commercial/ New Construction – Rates vary. Refer to New Construction Application

More information is available at www.capecoral.net.

Signature of Applicant: _____ Date: _____

** CREDIT CARD/BILLING DEPOSIT FORM **

Please charge my \$ _____ deposit to my:

MasterCard Visa American Express Discover

Card #: _____ Exp. Date: ____ / ____

Cardholder Name: _____

Credit Card Billing Address: _____

City/State/ZIP: _____

Signature of Cardholder: _____

