

By Mail:  
City of Cape Coral  
P.O. Box 150006  
Cape Coral, FL 33915-0006

**CITY OF CAPE CORAL**  
**New Service Application**  
Email address: [csbilling@capecoral.net](mailto:csbilling@capecoral.net)  
Phone: (239) 574-7722 Option #3 then Option #5  
Fax: (239) 242-3898

In Person:  
1015 Cultural Park Blvd.  
Cape Coral, FL 33990

***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.***

**The following information must be provided to complete your request:**

Signed Lease (Tenant)  Signed HUD(Owner)  Listing Agreement(Agent)  Signed/Completed New Service App (All)  
 Deposit Payment (All)  Driver's License/Government Issued ID (All)

If all needed documentation is not provided with the application and/or not received within 5 business days from receipt date, the application will not be processed.  
Please type or print clearly / All fields are required / If not applicable, write N/A. **\*For tenants leasing, all tenants listed on lease must be listed on application.**

Utility Account Name(s): \_\_\_\_\_

Contact/Applicant Name(s): \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_ Tax ID: \_\_\_\_\_

Mailing/ Billing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Activation Date: \_\_\_\_\_

Closing Date (if owner): \_\_\_\_\_

Address of Service Request: \_\_\_\_\_

**Service Type** (Select One)

Residential  Multi-family  Commercial   
Duplex  which side requires service? Left  Right  Front  Back  (facing the duplex)

**UTILITY DEPOSIT RATES**  
Based on meter size and number of meters  
**5/8" - \$100.00 1" - \$130.00**

For additional deposit rates, or more information, visit [www.capecoral.net](http://www.capecoral.net).

**Office Use Only**  
Customer ID/Acct \_\_\_\_\_  
SAID \_\_\_\_\_  
Rte/Cycle \_\_\_\_\_  
Clerk \_\_\_\_\_

**To guarantee payment for utility services, a deposit must be paid before services can be initiated. If, after 24 months of uninterrupted service, you have a good credit standing with the City of Cape Coral, the deposit will be credited to your account. If you terminate your service prior to 24 months, the deposit will be applied to your final bill. Any remaining credit balances will be refunded to you.**

**Please check one:**

- Exemption: I have no previous account history with the City of Cape Coral, but I have attached a letter of reference from my previous utility provider, and therefore, request the deposit be waived.*
- Exemption: I have utility account history with the City of Cape Coral and have met the following criteria: 24 months of uninterrupted service, all previous balances have been satisfied, and in the preceding 12 months, no history of returned checks, meter tampering, no unauthorized use of the utilities, and no more than one late payment; I therefore request the deposit be waived.*
- I understand I will be required to pay a deposit.

**Please read the following:** I agree to take water, sewer and/or irrigation 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 and/or irrigation 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.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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

[Type text]

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Utility Account Name(s): \_\_\_\_\_

Address of Service Request: \_\_\_\_\_

**Previous Account History**

Have you had a Utility account with the City of Cape Coral? Yes  No

If YES, please list account #, or service address: \_\_\_\_\_

Is this account on: E-bill? Yes  No  Bank draft? Yes  No

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

If ~~Yes~~, +date you want service disconnected: \_\_\_\_\_

**Office Use Only**  
**Customer ID/Acct** \_\_\_\_\_  
**SAID** \_\_\_\_\_  
**Rte/Cycle** \_\_\_\_\_  
**Clerk** \_\_\_\_\_

New Account Payment Options:

Are you interested in E-bill for this account?

Are you interested in bank draft for this account?

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**\*\* CREDIT CARD/BILLING DEPOSIT FORM \*\***

Please charge my \$ \_\_\_\_\_ deposit to my:

Please charge my \$ \_\_\_\_\_ for a balance due my:

MasterCard  Visa  American Express  Discover

Cardholder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_