



CITY OF CAPE CORAL  
Email address: [csbilling@capecoral.gov](mailto:csbilling@capecoral.gov)  
Phone: (239) 574-7722 option 3 then option 5  
Fax: (239) 242-3898

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

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

## New Service Application Instructions

### New Owners

#### Required Documents:

1. Completed/Signed New Service Application – must include ALL owners of the residential or commercial property as reflected on the warranty deed.
2. Photocopy of Driver's License or Government Issued ID (e.g. Passport) for ALL owners of the residential or commercial property as reflected on the warranty deed.
3. Fully executed HUD or ALTA Closing Statement signed by both buyer(s) and seller(s) and copy of notarized Warranty Deed.
4. New owners of rental or leased properties utilizing a Property Management Company must submit a copy of the Property Management Agreement signed by both Property Owner(s) and Property Management Company or Authorized Agent(s).

### New Tenants

#### Required Documents:

1. Completed/Signed New Service Application – must include ALL tenants of the property as reflected on the residential or commercial Lease Agreement.
2. Photocopy of Driver's License or Government Issued ID (e.g. Passport) for ALL tenants listed on the residential or commercial Lease Agreement.
3. Residential or Commercial Lease Agreement signed by both Landlord and ALL tenants.

## Utility Deposit Rates

5/8 -\$100.00 1"-\$130.00, Based on Meter size. Deposits are required on all new accounts per ordinance 19-6.

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

Deposit may be waived with utility account history with the City of Cape Coral that has 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 two late payment.

Or

A letter of credit from previous utility provider verifying: 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 two late payment.

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**CITY OF CAPE CORAL**  
**New Service Application**  
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***This form can be mailed or emailed to "Customer Billing Services" at the address or email address above.  
All orders for service must be received at least five 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 OR ALTA & Warranty Deed (Owner)  Listing Agreement (Agent)  
 Signed/Completed New Service App (All)  Photocopy of Driver's License/Government Issued ID (All)

*All required documentation must be provided with the application or 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.**

**Service Type** (Select One)

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

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

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

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

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

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

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

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

Phone: \_\_\_\_\_ Accept Texts:  Alternate Phone: \_\_\_\_\_ Accept Texts:

Utility bills are delivered via email. Email Address: \_\_\_\_\_ Prefer paper bills:

**To guarantee payment for utility services, a deposit will be billed and paid on all new accounts unless customer meets the criteria below. 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:**

- I understand I will be required to pay a deposit.  
 *Exemption:* I have current utility account 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 two late payments; I therefore request the deposit be waived.

Current Address: \_\_\_\_\_

- Exemption:* I have no previous account history with the City of Cape Coral, but I have attached a letter of credit with the following: 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 two late payments from my previous utility provider, and therefore, request the deposit be waived.

**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 - \_\_\_\_\_