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

CITY OF CAPE CORAL

Utility Extension Application Phone (239) 242-3853

For questions email: uepnewconst@capecoral.gov Online at: https://egov.capecoral.gov/cbs_web_forms/ncuepapp.aspx In Person: 1015 Cultural Park Blvd. Cape Coral, FL 33990

Account Name(s):				
Service Address:	STRAP #:			
Mailing Address:	City / State / Zip:			
Previous Mailing Addres	ress:City / State / Zip:			
Phone:	Alterna	ate Phone:		_
Utility bills are delivered	via email. Email Address: _			
Preferred Method of Con	tact for Alert Notifications:	Email Text	Messages	Prefer paper bills:
♦Service Type - (Sele	ect One) Residential [Duplex Comm	nercial Other	
<u>Outility Extension Plane</u>	lumber Name			
♦ Potable Water Con	nection - Yes No No	Residential and	Duplex Default Meter si	ze is 5/8"
♦ Sewer Connection -	Yes No No			
♦ <u>Irrigation Connecti</u>	ion - Yes No			
Will you be com	necting existing sprinklers? Y	l'es □ No □		
Office Use Only				
Cust:	Acct:	Credit Score(s):		
Cycle/Route:	Lift Station:	W:	S:	I:
accordance with the apprates. All unpaid owner Statute 153.67 and 159.1 transferred to the new ov I agree that if this account the event the City files a costs, including but not levent the City prevails in By signing below, I agree	ropriate City ordinance, regues balances for water, wastewa 7. Chapter 19, Section 19-5 wher's account 30 days after a goes to a collection agency lawsuit to collect an unpaid be timited to: the cost incurred for the lawsuit.	ulations and rate so ter and irrigation was in the City's Code the new owner's servy for an unpaid balance and enforce from filing the action to a utility credit che	chedules now in effect an evater constitute a lien on evaluation of Ordinances also out rvice start date. I will be responsible the terms of this agreem, cost of service of processor through Experian.	of Cape Coral Utilities Division in ad/or superseding ordinance, regulations and the owner's real property pursuant to Florida lines that unpaid owner balances may be le for all collection charges. I agree that in ment, I will be responsible for paying court tess, and reasonable attorney's fees, in the understand a \$20.00 application fee will be d.
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riease provide a copy o	f the driver license or gove	riment issued ID	for all owners of record	ı.
Signature of Applicant:				Date:
Signature of Applicant:				Date:
Signature of Applicant:				Date: