

**ADVANCE ORDER FOR DISCONNECTION
OF WATER/SEWER UTILITIES**



IMPORTANT: All orders for disconnect must be in our office two (2) days in advance before noon

SHUT OFF DATE: _____

UTILITY ACCOUNT #: _____

SERVICE ADDRESS: _____

I was the **OWNER** or **TENANT** at the service address. (Check one box)

If property was sold, please give the following information:
Please include the **SIGNED HUD STATEMENT** (If you are the owner)

Closing Date: _____

Name of new owners: _____

Name of Real Estate Agent(s): _____

Phone: _____

Name of Title Company: _____

Phone: _____

Name that currently appears on this account: _____

Home/Cell Phone Number: _____)

Work Phone Number: _____) (

**Forwarding address for
Final billing:**

Street _____

City _____ State _____ Zip _____

Account Holder's Signature: _____
Date

**P.O. BOX 150006 • CAPE CORAL, FL 33915-0006 • TELEPHONE (239) 574-7722 • FAX (239) 242-3898
EMAIL csbilling@capecoral.net LEE COUNTY FLORIDA**