

**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)

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**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: \_\_\_\_\_

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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

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