



CITY OF CAPE CORAL

MUNICIPAL PUBLIC SERVICE TAX

**COMPANY
NAME**

Month Ended

Address

Natural Gas

L. P. Gas

Fuel Oil

Other _____

Total Utility Service	
Less: Exempt Customer Sales	()
Taxable Utility Service	
Tax (7% of Taxable Utility Service)	
TOTAL TAX DUE	_____

I certify that the above information is to the best of my knowledge and belief a true and correct statement.

NAME _____

TELEPHONE _____

Signature

Mail To: City of Cape Coral
Financial Services Department
P.O. Box 150027
Cape Coral, FL 33915-0027

Returns are due on the 15th day following the period end.
*Late returns are subject to penalties and interest.
Taxation details found in City Ordinance Chapter 7, Article II as provided for in Florida Statutes 166.