



CITY OF CAPE CORAL

LOT MOWING EXEMPTION FORM

PROPERTY ADDRESS: _____, CAPE CORAL, FL _____

PARCEL ID# _____

OWNER(S) NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

This is a request to be exempt from the City's Lot Mowing Program. Please check the box below.

- ☐ I am requesting to be exempt from the City of Cape Coral's Lot Mowing Program. I understand according to the City of Cape Coral Code of Ordinance, Chapter 9 - Article V § 9-81, I intend to ensure that the above referenced property will be routinely mowed so the height of any grass, weeds, or underbrush thereon will not exceed 12 inches in height. If this ordinance is violated, the exemption may be revoked by the City Manager or his/her designee.

Signature: _____ Date: _____