

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

Finance / Utility Billing Department

TEL: 305-673-7440, FAX: 305-673-7795

SEWER FEE ADJUSTMENT

"PLEASE READ CAREFULLY ALONG WITH ATTACHMENTS"

		ALONG WITH ATTACHMENTS
Subject:	Account:	 -
	Meter Address:	 _
Dear	,	

In order for the City of Miami Beach's Public Works Department to consider your request to make an adjustment to your sewer charges, please submit the following, See Attachment "A".

- 1. Your request for an adjustment of excess charges assessed due to a plumbing failure which has been repaired and did not enter the City's sewers.
- A completed copy of the enclosed affidavit. This is to be signed by the customer and/or licensed plumber. The affidavit must be notarized. For your convenience there is a notary at City Hall (1700 Convention Center Drive, 1st floor) - please bring proper identification and submit your request.
- 3. See Attachment "B" (Sewer Fee Adjustment Checklist)

Please be advised that sewer charges are not adjustable during any billing period that you have also suffered a plumbing failure whereby any portion of the excess usage has been determined to enter the sewer system through **malfunctioning toilets** or are the results of **negligence** such as leaving an outside spigot open or forgetting to turn off a manual sprinkler system. Sewer fees are not adjustable if your usage is decreased in the billing period <u>prior</u> to the repair or if your usage does not decrease after the repairs.

If you have any question, please contact Finance / Utility Billing at (305) 673-7440

Please return the three (3) sewer fee adjustment pages for processing to Finance / Utility Billing section.



Type of Identification

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SEWER FEE ADJUSTMENT REQUEST / LEAK REPAIR AFFIDAVIT

FOR PUBLIC WORKS DEPARTMENT ONLY SFA APPROVED _____ NUMBER OF UNITS Attachment "A" FROM____/____TO ____/____ REASON: _____ (PLEASE READ **CAREFULLY)** SFA DENIED REASON: _____ ____/___Date: ____/___/___ BY: ROUTE: _____CYCLE: ____ DATE: ACCOUNT NUMBER: SERVICE ORDER NUMBER: METER ADDRESS: TO WHOM IT MAY CONCERN: Please be advised that all water registered due to leaks in the plumbing system at the above address did in fact run into the ground and not into the City sewers. The repair was completed on __ __ a copy of the plumbing repair bill is also enclosed for your (DATE OF REVIEW) review. I can be reached at __ if you have any questions about this request. (DAYTIME PHONE NUMBER) Customer's/Representative's Signature Plumber's Signature Sworn before me this Sworn before me this day of , 200 ___day of _____, 200__ Signature of Notary Public Signature of Notary Public Name of Notary Public Name of Notary Public Personally known to me; or Personally known to me; or Produced Identification: Produced Identification:

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SEWER FEE ADJUSTMENT CHECKLIST

Attachment "B"

(PLEASE READ CAREFULLY)

[]	ATTACHMENT "A" FILLED AND NOTARIZED
[]	DATE OF REPAIR (THE REPAIR WAS COMPLETED ON/)
[]	SIGNED & NOTARIZED AFFIDAVIT BY YOU AND/OR YOUR PLUMBER
[PLUMBING REPAIR BILLS / INVOICES (NOT PROPOSALS) FOR THE WORK TO CORRECT SUBJECTED FAILURE IN YOUR PLUMBING
[]	DESCRIPTION OF REPAIR(S) IN LETTER FORMAT FROM OWNER OR PLUMBER
[]	(IF SELF-REPAIRED) – COPY OF ITEMIZED RECEIPT FOR MATERIALS USED
[]	(IF SELF-REPAIRED) – PICTURES OF THE PLUMBING FAILURE (\underline{BEFORE} AND \underline{AFTER})
]]	(FOR POOL) FULL SET OF MESUREMENTS IN FEET (LENGTH, WIDTH, DEPTH SHALLOW END & DEEP END) (CORRECT DIMENSIONS)
]]	(FOR ROUND POOL) FULL SET OF MESUREMENTS IN FEET (DIAMETER, DEPTH SHALLOW END & DEEP END)
]]	Please return the three (3) sewer fee adjustment pages for processing to Finance Utility Billing section.

If you submit a document in any language other than English, it must be submitted with a full English translation.