



Finance / Utility Billing Department

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

## SEWER FEE ADJUSTMENT POOL FILLING

**“PLEASE READ CAREFULLY  
ALONG WITH ATTACHMENTS”**

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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 the **complete filling** of a pool and water did not enter the City’s sewers.
2. 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, 1<sup>st</sup> 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 prior 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.



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## SEWER FEE ADJUSTMENT POOL FILLING

### Attachment "A"

**(PLEASE READ  
CAREFULLY)**

<b>FOR PUBLIC WORKS DEPARTMENT ONLY</b>	
_____ SFA APPROVED _____	NUMBER OF UNITS _____
FROM _____ / _____ / _____	TO _____ / _____ / _____
REASON: _____ _____	
_____ SFA DENIED _____	
REASON: _____ _____	
BY: _____	Date: ____ / ____ / ____

DATE: \_\_\_\_\_ ROUTE: \_\_\_\_\_ CYCLE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ SERVICE ORDER NUMBER: \_\_\_\_\_

METER ADDRESS: \_\_\_\_\_

#### TO WHOM IT MAY CONCERN:

Please be advised that all water registered due to the **complete filling** of a swimming pool on \_\_\_\_\_, and water did not run into the City sewer system. (DATE)

I can be reached at \_\_\_\_\_ if you have any questions about this request.  
(DAYTIME PHONE NUMBER)

DIMENSIONS OF POOL \_\_\_\_\_ x \_\_\_\_\_  
(Length in feet) (Width in feet)

DEPTH: \_\_\_\_\_ & DEPTH: \_\_\_\_\_  
(Shallow end in feet) (Deep end in feet)

BY: \_\_\_\_\_  
Customer's/Representative's Signature

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Public

- Personally known to me; or
- Produced Identification:

\_\_\_\_\_  
Type of 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 (BEFORE AND 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.