



City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov
Finance Department – Customer Service Center Tel: 305.673.7440

SEWER FEE ADJUSTMENT

“PLEASE READ CAREFULLY
ALONG WITH ATTACHMENTS”

Account: _____

Meter Address: _____

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.
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, 1st floor) - please bring proper identification 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.

SEWER FEE ADJUSTMENT / LEAK REPAIR AFFIDAVIT

Attachment "A"
(PLEASE READ CAREFULLY)

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

DATE: _____

ACCOUNT NUMBER: _____ SERVICE ORDER NUMBER: _____

METER ADDRESS: _____

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 review.
(DATE OF REVIEW)

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

BY: _____
Customer's/Representative's Signature

BY: _____
Plumber's Signature

Sworn before me this _____ day of _____, 20____

Sworn before me this _____ day of _____, 20____

Signature of Notary Public

Signature of Notary Public

Name of Notary Public

Name of Notary Public

Personally known to me; or
 Produced Identification:

Personally known to me; or
 Produced Identification:

Type of Identification

Type of Identification

SEWER FEE ADJUSTMENT CHECKLIST ATTACHMENT "B"

-] 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.