



MIAMI BEACH

Finance Department, Utility Billing 1700 Convention Center Drive, Miami Beach, FL 33139

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 of your sewer charges, please submit the following:

1. Your request for an adjustment of excess sewer 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 you and/or your plumber and **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. Copies of the plumbing repair bills for the work to correct subject failure in your plumbing. In the event of a self-repair, provide a copy of an itemized receipt for materials used along with a description of the repair. In lieu of a receipt, pictures of the plumbing failure (before and after) will suffice.

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 result 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 decreased in the billing period prior to the repair or if your usage does not decrease after the repairs.

If you have any questions please call this office at (305) 673-7440.

Sincerely,

Utility Billing

We are committed to providing excellent public service and safety to all who live, work, and play in our vibrant, tropical, historic community.

SEWER FEE ADJUSTMENT REQUEST LEAK REPAIR AFFIDAVIT



MIAMIBEACH

FOR PUBLIC WORKS DEPARTMENT ONLY

SFA APPROVED _____ NUMBER OF UNITS _____

FROM ____/____/____ TO ____/____/____

REASON _____

SFA DENIED REASON _____

BY: _____ DATE ____/____/____

DATE: _____

ROUTE _____ CYCLE _____

METER NUMBER(S) _____

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 _____ and 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 Signature

Sworn before me this _____ day of _____, 200__

Signature of Notary Public

Name of Notary Public

BY: _____
Plumber's Signature

Sworn before me at this _____ day of _____, 200__

Signature of Notary Public

Name of Notary Public

Personally know to me; or

Produced Identification

Type of Identification

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