



PUBLIC WORKS DEPARTMENT

TEL: 305-673-7080, FAX: 305-673-7028

SEWER FEE ADJUSTMENT

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:

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 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 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 Public Works Operations office at (305) 673-7625.



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SEWER FEE ADJUSTMENT REQUEST / LEAK REPAIR AFFIDAVIT

FOR PUBLIC WORKS DEPARTMENT ONLY	
_____ 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 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 _____, 200__

Sworn before me this
_____ day of _____, 200__

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