

MIAMIBEACH

Finance Department / Utility Division

1700 Convention Center Drive

Miami Beach, FL 33139

UtilityBilling@MiamiBeachFL.Gov

www.miamibeachfl.gov

(305) 673-7440

SEWER FEE ADJUSTMENT

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

Subject: Account #: _____

Service 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.
2. A completed copy of the enclosed affidavit. This is to be signed by the customer and/or licensed plumber. 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 REQUEST / LEAK REPAIR AFFIDAVIT

Attachment "A"

**(PLEASE READ
CAREFULLY)**

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

DATE: _____

ROUTE: _____ CYCLE: _____

ACCOUNT NUMBER: _____

SERVICE ORDER NUMBER: _____

SERVICE 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

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SEWER FEE ADJUSTMENT CHECKLIST

Attachment "B"

(PLEASE READ CAREFULLY)

- ATTACHMENT "A" COMPLETED
- DATE OF REPAIR (THE REPAIR WAS COMPLETED ON ____/____/____)
- SIGNED 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.