CONSUMER PROTECTION DIVISION
140 WEST FLAGLER STREET
SUITE 902
MIAMI, FLORIDA 33130-1561

Tel: (305) 375-3677 ☏ Fax: (305) 375-4120 ☏ E-mail: consumer@miamidade.gov

APPLICATION PROPERTY OWNER RENEWAL
WATER REMETERING SECTION

Date _____

Registration # _____ Property Business Name _____

Owner or corporate name (If Different) _____

Property Address _____ City _____ State ___ Zip _____

Telephone ( ) _____ Contact Person _____

Name of Management Company (If Applicable) _____

Telephone ( ) _____ Contact Person _____

Will you be installing or arranging for the installation of meters?
☐ Yes ☐ No If Yes, please be advised that C700, C708, and C710 are only approved submeters for use under the program. Also, if you marked Yes, provide current copy of certificate of competency as registered/certified plumber.

It is your obligation to notify the Consumer Services Department of any material change pertaining to the information in your original application.
Please provide any changes below:

_____
_____
_____
_____
_____
_____

Checklist: Please attach the following:

1. Copy of Bill Format
2. Comparison report of WASD and resident billing
3. Copy of current insurance

Note: All lines must have an entry. If Not Applicable, enter N?

Due 30 days prior to expiration. Include check for $5.00 per unit made payable to "Board of County Commissioners." Include late fee of $25 per week (not to exceed $250) if sent to arrive after the expiration date.

I certify the above information is true and correct.

Signature _____ Position/Title _____

Incomplete applications shall be considered abandoned if an applicant fails to complete their application within sixty days from the date that the application is filed with Consumer Services Department. An application submitted subsequent to the abandonment of a former application shall be treated as a new application.

AFFIDAVIT OF FINANCIAL LIABILITY

Do you, or any partner(s) or corporate officer(s), if applicable, owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

(i) unpaid civil penalties;
(ii) unpaid administrative costs for a hearing;
(iii) unpaid County investigative, enforcement, testing or monitoring costs; or
(iv) unpaid liens?

Yes:	
No:	

I hereby certify that all information provided is true and correct. By signing this document, I acknowledge that if the information provided is not true and correct, my registration/permit/certificate will be suspended or revoked.

Print Name: Signature: Date:

DECLARACIÓN DE DEUDA FINANCIERA

Usted, o algún socio(s) u official(es) de la corporación, si aplica, debe dinero al Condado de Miami-Dade, Florida, ya sea individualmente o através de cualquier otro negocio, como resultado de cualquiera de lo siguiente:

(i) penalidades civiles no pagadas;
(ii) costos administrativos por una audiencia, no pagado
(iii) costos de investigación, cumplimiento de la ley, pruebas o aviso del Condado, no pagado; o
(iv) gravámenes, no pagados?

Si:	
No:	

Por esto yo certifico que toda la información proveída es correcta y verdadera. Firmando este documento yo confieso que si la información proveída no es verdadera y correcta, mi registración/permiso/certificado sera suspendido o revocado.

Imprima el Nombre: Firma:
Fecha: