

**INITIAL INTAKE SHEET**

111 NW 1<sup>st</sup> Street, Suite 1501  
Miami, FL 33128  
Phone 305-375-2702  
Fax 305-375-3338  
Email:  
[jonathan.orbis@miamidade.gov](mailto:jonathan.orbis@miamidade.gov)

**Parks, Recreation and Open  
Spaces Department  
Special Assessment Districts Division**

**TO:**

**DATE:**

**FROM:**

**DOCUMENTS NEEDED**

**FOR:**

---

- Letter of Intent (signed by 10% of property owners)
- Proposed District Boundaries
- Municipal Resolution for the creation and transfer of the district to the city (for incorporated areas)
- \$250 Processing Fee

Date:

Liset Romero-Lopez, Chief  
Special Assessment Districts Division  
Parks, Recreation and Open Spaces Department  
111 NW 1 Street, 15<sup>th</sup> floor  
Miami, Florida 33128

Dear Ms. Romero-Lopez,

We are requesting to ***create or dissolve*** a special taxing district in our community located at ***(address with area boundaries)*** for ***(describe desired improvements and level of service for example: "lighting, security, multipurpose and/or capital improvements)***. Enclosed please find signatures from our HOA or area property owners ***(if you're an official incorporated homeowner's association [HOA] letter should be signed by the Board/President or in the absence of the HOA, at least 10% signatures of the area property owners is required)***.

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESS SIGNATURE:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

PROPERTY OWNER:

ADDRESS:

FOLIO:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

We appreciate your consideration for this request and look forward to hearing from you. Should you need additional information, please contact us at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature