

INITIAL INTAKE SHEET

111 NW 1st Street, Suite 1501
Miami, FL 33128
Phone 305-375-2702
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Email: STDP@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).
- For guard districts, petitioner must obtain a traffic study.
- Non-refundable Processing Fee (between \$250-\$500 depending on size and complexity of the project).

Date:

Liset Romero-Lopez, Chief
Special Assessment Districts Division
Parks, Recreation and Open Spaces Department
111 NW 1 Street, 15th 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: _____

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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