PARKS, RECREATION AND OPEN SPACES DEPARTMENT SPECIAL ASSESSMENT DISTRICTS DIVISION

ACCESS DEVICE APPLICATION

Applicant is Resident Owner Renter Property Address Email:			Telephone Number		
Please print first and last name Initial Device	Vehicle Tag	Vehicle N	/lake	OFFICE USE ONLY	
☐ Replacement ☐ Additional	Vehicle Tag	Vehicle Make		OFFICE USE ONLY	
ELIGIBILITY REQUIREMENTS Each resident requesting a device will be	required to submit	via mail or e	e-mail:		
 The current vehicle registr If the vehicle registration d residency, such as driver I 	oes not have the resid	dent's address	s, pleas	e submit evidence of	
	rental lease. Residents who lease a vehicle must present the vehicle registration and the vehicle lease				
agreement. 4. Residents who use a com					
the district (i.e., driver	company letterhead linking the vehicle to the district property owner or a full time resident of the district (i.e., driver license, vehicle insurance card, rental lease, closing statement, home warranty deed or tax bill).				
Mail or Fax					
Ileana Arbos Parks, Recreation and Open Spaces Departme Special Assessment Districts Division 111 NW 1 st St. – 15 th FL.	nt				
Miami, FL 33128 Office # (305) 375-2732 or (305) 375-2702 Fax (3 [,] iarbos@miamidade.gov or stdp@miamidade.g	•				
Residents are entitled to two (2) devices per how will contact you with the exact amount due	ousehold free of charg	e, additional d	levices a	are available at cost.	
I hereby state that I am (we are) the eligible resident(s) of the above listed	• •	vehicles are owned, re	gistered to o	or assigned to a district resident.	
TURE			DAT	E	
0	FFICE USE ONLY				

Date

Processed By