



Date:
ID Room Coordinator
Miami-Dade Water and Sewer Department
3071 SW 38th Ave. Suite 152
Miami, Florida 33146

Re: INTERN request for a Miami-Dade Water and Sewer Department (WASD) identification badge

Dear Sir/Madam:

We acknowledge that in signing this letter for the request for a WASD ID Badge, the authorized party is engaged by WASD as a Student Intern. Additionally, we agree that this applicant will use his/her WASD ID Badge only to conduct business for WASD. Finally, we agree to return the WASD ID Badge immediately, upon expiration of badge or termination of internship. We understand that failure to comply with the above may result in the suspension of WASD ID Badge privileges for all Interns assigned in your department.

1. Intern Information:

Last Name First Name Full Middle Name

* Note: Applicant's name must be printed as it appears in the Driver's License or other Government issued ID.

Date of Birth Driver License # Exp. Date State of Issuance

2. Reason to obtain a WASD ID Badge:

New Renewal
 Damage/mutilated Name Change WASD Safety Briefing Required
Date Completed: _____
 Lost/Stolen Police Report # _____ Safety Officer: _____
Signature: _____

3. Type of WASD ID Badge Requested:

Non-restricted access Restricted Access Specify Reason For Restricted Access

Sincerely,

Authorized Signature of WASD Representative

Authorized WASD Representative Name

Title

Contact Telephone Number

SS# Last 4 _____