

USING YOUR OWN COMPANY'S LETTERHEAD PLEASE FOLLOW THE FORMAT BELOW

AUTHORIZATION LETTER - SUGGESTED LANGUAGE

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

Dear Sir/Madam:

The names signed below are authorized signatures for Miami-Dade Water and Sewer Department (WASD) identification card requests. No other signatures are to be honored. The authorized company representatives listed below will notify you immediately of any changes. The authorized company representatives acknowledge that in signing a WASD identification card request, the authorized party is certifying that the applicant is employed by _____ and that the applicant is being submitted for a WASD identification card in accordance with Ordinance 02-68, and Article IX, Chapter 32 of the Code of Miami-Dade County. Additionally, we certify that we are knowledgeable of the requirements as set forth in the above Ordinance related to Criminal History Records Checks rules and agree to comply with all provisions of these rules prior to requesting an identification card for our employees. We also agree that this applicant will use the WASD identification card only to conduct official business for this company. Finally, _____authorized representatives agree to return all WASD identification cards immediately upon expiration or termination of the employee or contract. The authorized company representatives understand that failure to comply with the above may result in the suspension of WASD identification card privileges to our company.

Sincerely,

Signature of Company Representative

Print Name & Title

Note: A maximum of two Authorized Signatures are allowed and must be properly listed below. Any additional signatures will cause this document to be invalid

1. Name: _____ 2. Name _____

Signature _____
Title _____

Signature _____
Title _____