

COMPANY LETTERHEAD

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

Re: Request for a Miami-Dade Water and Sewer Department (WASD) Identification Card

Dear Sir/Madam:

Company name here

_____ acknowledges that in signing this letter for the request for a WASD ID Card, the authorized party is employed by this company. Additionally, it is agreed that this applicant will use his/her WASD ID Card only to conduct business for this company. Finally, it is agreed that Name of Employee will return the WASD ID Card immediately, upon expiration of the card or termination of employment or the contract. It is understood that failure to comply with the above may result in the suspension of WASD ID Card privileges to our company.

1. Employee Information:

_____	_____	_____
Last Name	First Name	Full Middle Name
_____	_____	_____
Date of Birth	Driver's License # <i>Exp. Date</i>	State of Issuance
_____	_____	_____
WASD Contract #	Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)

2. Reason to request a WASD ID Card:

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

3. Type of WASD ID Card Requested:

Non-restricted access
 Restricted Access
 RFID Access Card
 Specify Reason For Restricted Access

Sincerely,

Authorized Signature of Company Representative

Printed Authorized Company Representative Name

Title Phone Number

SS# Last 4 _____

COMPANY LETTERHEAD

SS# Last 4 _____