

5 DAY VISITOR PASS

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) 5 Day Visitor Pass

Dear Sir/Madam:

Company name here

_____ acknowledges that in signing this letter for the request for a WASD 5 Day Visitor Pass the authorized party is employed by this company. Additionally, it is agreed that this applicant will use his/her WASD 5 Day Visitor Pass only to conduct business for this company. Finally, it is agreed that _____ Name of Employee _____ will return the WASD 5 Day Visitor Pass immediately, after all 5 days have been used or 3 months from month punched whichever comes first and when the permanent WASD ID is issued. Lost or stolen cards will not be replaced. Lost or stolen card fee is \$15.00. It is understood that failure to comply with the above may result in the denial of permanent WASD ID Card privileges to our company.

E:mail Request to: wasdid@miamidade.gov

Only request received by 3 pm M-F accepted.

1. Employee Information:

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

2. Reason to request a 5 Day Visitor Pass

New Employee Temp Employee

NOTE: 5 Day Visitor Pass does not allow access into Red Restricted Areas.

ID CARD # _____

Sincerely,

Authorized Signature of Company Representative

Printed Authorized Company Representative Name

Title

Phone Number

