



Premise Location Certificate Request Form

A Premise Location Certificate (PLC) includes information related to current accounts, outstanding balances, liens, bankruptcy, write-off, and tampering costs. Any additional charges incurred after a Premise Location Certificate is issued will be subject to normal collection procedures and lien activity if applicable. Premise Location Certificates do not include connection charges, construction charges, and any other charges which may be owed to Miami-Dade County Water and Sewer Department.

- You must have an established Premise Location Certificate Account. To establish an account, please contact the Customer Interface Section at (305) 665-7477 or by email at WASD-PLC@miamidade.gov.
- A Premise Location Certificate will be processed within seven (7) to ten (10) working days. **Please submit the completed form by mail to the address listed above along with your payment and enclose a self-addressed stamped envelope. The cost is \$10.00 per address, payable in advance.**
- A **24-Hour response** will be processed within one (1) working day. **Please submit the completed form by fax or e-mail as listed above along with your payment confirmation number. The cost is \$20.00 per address, payable in advance.** Requests received after 2pm will be processed the following business day.
- If payment is not confirmed at the time of the request, the Premise Location Certificate (s) will not be processed.

Customers interested in service address validation must contact the New Customer Division at (786) 268-5360.

Requestor Information

Date of Request				PLC Account Number		
Name of Requestor				Phone Numbers	Office	
Affiliate Company					Fax	
Mailing Address	City	State	Zip			

Payment Information

Payment Method	<input type="checkbox"/> Attached Check			Payment Confirmation Number <i>(For electronic payments or payments by phone)</i>		
	<input type="checkbox"/> Online Payment www.miamidade.gov/water			Payment Date		
	<input type="checkbox"/> Check by Phone 1-800-565-1800			Payment Amount		
	<input type="checkbox"/> Credit Card by Phone 1-800-510-0880					

Premise Information *(attach additional pages if needed)*

Service Address	Folio Number <i>(do not include dashes)</i>	Reference Number