

Request For Payment Agreement:

*Project Owner (Individual/Entity) Name:		FEI/EIN Number:	*Project Owner E-Mail Address:
*Project Name:		*Project Location Address:	
Agreement ID (If Applicable):	Process Number (If Applicable):	Project Owner daytime phone number(s): *C (1) O (2)	
*Property Owner Name:		*Property Owner E-Mail Address:	
		Property Owner daytime phone number(s): *C (1) O (2)	
*Provide the details of your hardship to request this payment agreement:			
<p><u>ACKNOWLEDGEMENTS:</u></p> <p><input type="checkbox"/> The Miami-Dade Water and Sewer Department (the Department) offers payment arrangements for water and sewer connection charges \$1,000 or greater. The payment agreement will be offered for a period of six (6) months for amounts up to \$2500 or one (1) year for amounts due over \$2500, depending on the amount owed. If approved, you must make a 20 percent down payment, from the total amount, verification/ordinance letter fees, water allocation, and payment arrangement recording fees.</p> <p><input type="checkbox"/> Entity or Fictitious Name Entity must be registered, in Active Status, with the Florida Dept. of State Div. of Corporations (Sunbiz.org).</p> <p><input type="checkbox"/> Foreign Corporation/LLC business with nexus in Florida must obtain a certificate of authority from the Florida Dept. of State Div. of Corporations (Sunbiz.org) before they may “transact business” in Florida pursuant to s. 605.0902, Florida Statutes.</p>			
Print Name/Title:		Initials:	Date:

ACKNOWLEDGEMENTS CONTINUE:

- ☐ Project owners requesting a payment agreement as individuals must provide a valid government issued identification card.
- ☐ The owner of the property must co-sign payment agreement and become obligatory.
- ☐ All WASD prior indebtedness must be paid in full prior to this payment agreement request.
- ☐ The Individual/Entity requesting a payment arrangement may be subject to additional fees/charges should the Individual/Entity choose to place a stop payment on charges paid by check or should a check payment be returned to the Department due to NSF.
- ☐ Payment agreement will be recorded in the public records of Miami-Dade County.

Please submit your Request for Payment Agreement Form and these Payment Agreement Guidelines via e-mail to the (WASD) New Business Supervisor Review at: NewBusinessSupvList@miamidade.gov and WASD-NBPA@miamidade.gov or bring the request in person to any of the office locations listed below.

MAIN OFFICE

3575 S LEJEUNE RD
MIAMI, FLORIDA 33146
786-268-5360
8:00 am – 4:00pm

WEST OFFICE

PERMITTING & INSPECTION CENTER (PIC)
11805 SW 26 Street, MIAMI, FLORIDA 33175
786-315-2717
7:30 am – 3:30pm

DOWNTOWN OFFICE

OVERTOWN TRANSIT VILLAGE (2ND FLOOR WEST)
701 NW 1st COURT, MIAMI, FLORIDA 33136
786-469-2026 / 786-469-2029
8:00am – 4:00pm

Signature:**Date:****Office Use Only**

Approved Verification/Ordinance # _____

- ☐ Application has been completed with all information by customer.
- ☐ Verified against Sunbiz.org, the business is in active status and matches name on application - printed Sunbiz.org for owner of property and business with FTN number is attached. If individual, copy of license is attached.
- ☐ Checked for prior indebtedness (ERP, CCB, Revenue Recovery, Age Trail Balance)
- ☐ Copy of any upfront fees paid, if applicable

Print name/Title:

Signature:

Date:

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