## **Request For Payment Agreement:**

*Project Owner (Individual/Entity) Name:		FEI/EIN Number:	*Project Owner E-Mail Address:			
*Project Name:		*Project Location Add	*Project Location Address:			
Agreement ID (If Applicable): Process Number (If Applica		e): Project Owner daytime	Project Owner daytime phone number(s):			
		*C (1)	O (2)			
*Property Onwer Name:			*Property Owner E-Mail Address:			
		Property Owner daytir	Property Owner daytime phone number(s):			
		*C (1)	O (2)			
*Provide the details of your hardship to request this payment agreement:						
ACKNOWLEDGEMENTS	<u>:</u>					
☐ 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 amou	the total amount, verification/ordinance letter fees, water allocation, and payment arrangement					
recording fees.	recording fees.					
☐ Entity or Fictition	Entity or Fictitious Name Entity must be registered, in Active Status, with the Florida Dept. of State					
Div. of Corporat	Div. of Corporations (Sunbiz.org).					
☐ Foreign Corpora	☐ 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 Statues.						
Print Name/Title:	Init	ials:	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						
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3575 S LEJEUNE RD MIAMI, FLORIDA 33146 786-268-5360 786-315-2717 7:30 am – 3:30pm  Signature:  Date:  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	e-mail to the (WASD) New Business Supervisor Review at: NewBusinessSupvList@miamidade.gov and					
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