



Date
ID Room Coordinator
Miami-Dade Water and Sewer Department
3071 SW 38th Ave. Suite 152, email: wasdid@miamidade.gov
Miami, Florida 33146

Re: Request for a Miami-Dade Water and Sewer Department (WASD) RESTRICTED ACCESS / LIMITED RESTRICTED ACCESS / LOST/ STOLEN IDENTIFICATION CARD

Dear Sir/Madam:

I acknowledge that in signing this letter for the request for a WASD **Restricted ID Card**, the authorized party is employed by Miami-Dade Water and Sewer Department. Additionally, I agree that this employee will use his/her WASD Restricted ID Card only to conduct business for Miami-Dade Water and Sewer Department. Finally, I agree to return the WASD ID Card immediately, upon expiration of Card or termination of his/her employment. I understand that failure to comply with the above is a violation of Miami-Dade County Ordinance 02-68.

1. Employee Information:

Last Name	First Name	Full Middle Name
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* Note: Employees' name must be printed as it appears in the Driver's License or other Government issued ID.

Date of Birth	Driver License #	Exp. Date	State of Issuance
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WASD Employee # _____ NEW ID Card # _____ Expires _____

2. Reason to obtain a WASD **Restricted Access ID Card:**

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Name Change | <input type="checkbox"/> Lost/Stolen |
| <input type="checkbox"/> Damage/mutilated | <input type="checkbox"/> Police Report | <input type="checkbox"/> WASD Safety Briefing Required | |
| | | Date Completed: _____ | |
| | | Safety Officer: _____ | |
| | | Signature: _____ | |

- 3. Type of WASD **Restricted Access** ID Card Requested:** **RFID Restricted** Access Card
 Limited-Restricted Access (**Blue** Card) **Restricted** Access (**Red** Card) Specify Reason For **Restricted** Access (If Limited/Specify Areas of Limitation)

Sincerely,

Authorized Signature of WASD Section / Division Chief

Print Name
Aubrey Johnson

Authorized WASD Signature

Print Name

Chief of Security
Title:

SS# Last 4 _____