



Underground/Concealed Leak Adjustment Request – Page 1

REQUIREMENTS (Refer to WAsD Rules and Regulation Section 2.10(e) and 3.10(e) www.miamidade.gov/water)

This 2-page form must be submitted within **30 days** after notification by way of bill, letter or doorhanger, from the Department to the customer that indicates high water use which may be due to a possible plumbing problem. The form must be completed and signed, and repairs must be final.

This form, pictures and invoice of repairs must be submitted to the mailing address or email listed above.

IMPORTANT INFORMATION

- If the account is billed on a monthly basis, adjustments shall not be made for water loss of any leaks on the customer’s plumbing. Adjustments will only be granted to the sewer portion of the bill.
- If repairs have not been completed, or there is evidence of additional water loss, you may not be granted an adjustment. We recommend visual inspection of the meter to confirm no additional loss is occurring.
- All prior billing balances must be paid, and a partial payment equal to the average bill submitted.
- An underground / concealed leak adjustment request may take up to 60 days for completion.

Customer Requirements for Submission

Please check the box(es) below to confirm the requirements are met and included with the request.

- Completed and signed adjustment request form.
- Invoice or statement of repair. This may include one of the following:
 - Repair invoice from a contractor, handyman, plumber or other company detailing all repairs completed, date the plumbing repair was done, location of repairs, and materials used. Or,
 - For minor repairs made by an individual, a written statement or letter from the person(s) who made the repairs, detailing repairs, date of repair, location, and materials used with purchase receipt.
 - For repairs due to third party damages a work order or statement from the responsible party must be submitted with all other requirements.
- Legible pictures, preferably in color, of the plumbing prior to the repair, and after the repair, showing the location in relation to the home or building structure. (Close up pictures may not provide evidence of the location, so be sure to take pictures from a reasonable distance.)

Before covering, repairs must be verified by the Department. Access to your property may be needed depending on the location of the repair. If the repair is in a hazardous traffic area, photographs of the repair are required prior to covering the repair area.
- All plumbing repairs are final and completed. (Please note an inspection of repairs may be scheduled after the adjustment request is submitted.) If the meter shows water registration at the time of the inspection the repair will not be considered final.

I understand that if any of the above requirements are missing or incomplete, my request for adjustment may be denied or delayed.

Customer Signature

Date

Customer Name

Account Number



Water and Sewer Department
 3071 SW 38 Avenue
 Miami, FL 33146-1520

Customer Care: 305-665-7477
 Email: WASD-CreditRequest@miamidade.gov

Underground/Concealed Leak Adjustment Request – Page 2

Name on Account		Account Number	
Mailing Address		Telephone Number Home	
		Cellular	
Mailing Address <i>City, State Zip Code</i>		Business	
Service Address		Email Address	

REPAIR INFORMATION

Repairs Completed By		Date of Repair	
Plumber's License Number <i>Example: License # CFC 010101 if applicable</i>		Type of License <i>if applicable</i>	<input type="checkbox"/> State of Florida <input type="checkbox"/> Miami-Dade County

Description of Repair

(Include exact type and location of repair. Attach a separate sheet of paper if additional space is necessary)

I understand I can be considered for a concealed leak credit in accordance with Sections 2.10 and 3.10 of the Water and Sewer Rules and Regulation, if all required documentation is provided, repairs are final, there is no unwarranted water registration, and the Miami-Dade Water and Sewer Department can verify evidence of repairs. I also accept the \$30 administrative processing fee.

Customer's Signature		Date	
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I wish to be considered for a **once per lifetime** concealed leak adjustment of **100% if the consumption rate exceeds six (6) times** the average quarterly consumption based on the past year's consumption. I understand this will only apply to one billing cycle. (Failure to sign below prior to submittal constitutes forfeiture of this adjustment for this billing period) If granted, future requests will not be considered regardless of the amount.

Customer's Signature		Date	
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