



MIAMI-DADE COUNTY CODE §32-101- AFFIDAVIT FOR ONE-TIME LIFETIME ADJUSTMENT FOR RESIDENTIAL CUSTOMERS

In accordance with Miami-Dade County Code §32-101(2)(b), I, _____, (Customer's Name)
have requested a one-time lifetime adjustment to my high water and/or sewer bill for the service period
between _____ and _____ (the "High Bill")
(Billing period start date) (Billing period end date)
and, in support of its request for an adjustment, state the following:

1. My name is _____; I am over the age of 18; and
(Customer's Name)
I have personal knowledge of the information contained herein.

2. I currently reside at _____ (the "Property")
(Property Address)
and own/rent (circle one) the Property. I have resided at this location since _____.
(Month and Year)

3. I have been a customer of the Miami-Dade Water and Sewer Department "WASD" since _____
(Approximate date)
My WASD account number is _____. During the past 12 months, I have
(Account number)
Not had my water disconnected for non-payment and have not had my account placed in collection
for any reason other than the High Bill.

4. On or about _____, I received the High Bill.
(Date)

5. On _____, I hired a plumber licensed in the State of Florida and/or Miami-Dade County
(Date)
to investigate the possible causes for the High Bill. The plumber visited the Property on the
following date(s): _____ and found no visible
or concealed leaks inside or outside the Property and did not make any plumbing repairs at the
Property. A copy of the plumber's invoice is attached hereto. To my knowledge, the licensed
plumber was not able to determine the reason for the High Bill.¹

6. There were no changes in my normal water consumption at the Property during the service period for
the High Bill. Specifically, I did not:
 - installation of new landscaping at the Property; _____ (Initial Here)
 - _____ have _____ (Initial Here)
 - any guests visiting for more than seven days; _____ (Initial Here)
have any construction done on the Property; _____
 - have any repairs made at the Property; _____ (Initial Here)
(i.e. leaky, toilets, faucets, showers; water heater
problems; etc.)
 - conduct any major cleaning projects at the Property; _____ (Initial Here)
 - experience any problems with or make any _____ (Initial Here)
repairs to the pool;

¹ The customer's licensed plumber must sign the Plumber's Verification section at the end of this form.

- experience any problem with or make any repair to my sprinkler or irrigation _____ (Initial Here)

or

- suffer any water theft or vandalism. _____ (Initial Here)

7. During the service period for the High Bill, I did not leave my outdoor hose or faucets or any interior plumbing fixtures running for more than 24 hours.

8. During the service period for the High Bill:

- I was not away from the Property, such as vacation, hospitalization or part-time residency, for more than seven consecutive days; and/or
- if I was away for more than 7 consecutive days, _____, an individual over the age of 18, was at the Property during my absence. _____ (Name) is my _____ (Relationship to Customer)

Signature of Affiant

STATE OF _____)
) SS
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 201_ by _____ . He or she is personally known to me or has produced _____ as identification.

My commission expires:

NOTARY PUBLIC

By:

Print:

State of Florida at Large

PLUMBER'S VERIFICATION

Date: _____

I, _____ am a plumber licensed in the State of Florida and/or Miami-Dade County with License Number _____. I agree with the representations made in Paragraph 5 above and I attest that I have personally inspected the Property; have used my knowledge, training and experience as a plumber licensed in the State of Florida and/or Miami-Dade County as well as all tools and/or equipment that would normally be used to detect a leak or extraordinary water usage at the Property; and found nothing inside or outside the Property that would indicate the reasons for the High Bill.

Signature of Plumber

Printed Name of Plumber