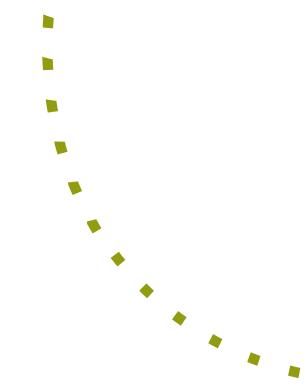




Utility Billing Division
A Division of the Finance Department



OWNER REQUEST FOR DEPOSIT INCREASE

Tenant Account Information / Service Location

Account Name: _____ Date: _____

Service Address: _____ Account #: _____

Owner Information

Owner's Name: _____ Phone #: _____

Mailing Address: _____

Email address: _____

Request Details

I, _____, the undersigned property owner, request that the deposit required for the utility account listed above be increased as follows:

Total Deposit to Be Paid by Tenant: \$_____.

The tenant is responsible for paying the full deposit amount at the time of account opening.

A copy of the property owner's **valid government-issued photo ID** must be submitted with this request. This request must be fulfilled before services are activated.

Owner Acknowledgement

I understand and acknowledge that this request will be processed in accordance with the City of North Miami's Utility Billing policies. I certify that I am the legal property owner of the service address listed above and am authorized to request this deposit increase.

Owner Signature: _____ Date: _____

Printed Name: _____

FOR OFFICE USE ONLY

Submission Method Mail UB Counter

Received By: _____