



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: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Submission Method ☐ Mail ☐ UB Counter

Received By: \_\_\_\_\_