Waste Fee Certification Request						
Mail completed request and a check or money order for \$60.00 payable to: Miami Dade Solid Waste Management 2525 Northwest 62 nd Street 5 th Floor Miami, Florida 33147 (SUBMIT WITH SELF-ADDRESSED STAMPED ENVELOPE) Certifications will not be faxed.						
Property Address: 23623 SW 108 CT Folio: 30-6019-008-2750						
Property owner				Plat book:		Page:
Legal Description:						
Requested by: STELLAR INNOVATIONS			File			Phone
company Name			Number:			
↓ OFFICE USE ONLY: DEPARTMENT OF SOLID WASTE MANAGEMENT ↓ 1. SWM Account Number (If Applicable): 2 Not Serviced By Dade County (Reason If Necessary)						
	ount Number (If Applicable): <mark>13225166</mark>	<u>2 Not Ser</u>	viced By Dade Co	ounty (Reason If Nec	<u>essary)</u>	
3. Current Waste Fees are included with Property Tax for the period of 10-01-23 TO 09-30-24						
A PAYABLE TO THE MIAMI-DADE DEPARTMENT OF SOLID WASTE MANAGEMENT						
4.	Amount:\$	of Service:		Service:		
	\$					
	\$					
	\$					
	\$					
	\$					
Total				• (with the exception of l Fee Certification Req	
	ste is collected by the Depart blease call (305) 594-1630 to v					the curbside at the time
5.	JUDGMENTS PAYA *****RECOR				Special Master below `HIS REQUEST*	
	Phone #:		Special Maste	r:	Parcel #:	
NONE X						
CITATIONS FOR SOLID WASTE CODE <i>VIOLATIONS</i>						
6. If Box is marked "YES" SEE ATTACHED FORM						
YES NO X						
TOTAL AMOUNT DUE SUBJECT TO CLEARANCE OF ALL CHECKS AND DRAFTS RECEIVED Any charges noted in items 3,4,5, & 6 should be paid directly to the agency or person noted						
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	are not included on the tax rol	l are billed d	irectly by the	Department of Soli		. When certification of
waste fees is requested, the property is researched to verify that all fees have been properly assessed.						