

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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2019 SEP 19 AM 11:24

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )  
CITY OF MIAMI )

Yanny J. Hidalgo (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Yanny J. Hidalgo.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:

☐ (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.

☒ (b) I am offering myself as a candidate for the office of Commissioner in District Number 1 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.

3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in Precinct No. 667 550 YH

I presently reside at the following address (must include zip code):

3220 NW 15th St., Miami, FL 33125

which is my legal address, and I have resided continually at said address from the 4th day of september, 2018 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses

For the Period

2550 SW 16 Ave #406

2 years

(July 2016 - Sept 2018) YH

2301 NW 10 Ave #104

2 years

(May 2014 - July 2016) YH

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

n/a YH

6. Affiant's spouse resides at the following address (must include city, state and zip code):

3220 NW 15 st Miami, FL 33125

7. Affiant's minor children reside at the following address (must include city, state and zip code):

3220 NW 15 St Miami, FL 33125

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

Hidalgo Law Firm

25 SE 2nd Ave Miami, FL 33131

10. Affiant's occupation: attorney

Affiant's business telephone number(s): (305) 3313767

11. Affiant has been employed in the above-cited capacity for the following period of time:

2 years

September 2017 - to present

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

N/A

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S. 99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office.

**Note: If affiant is an employee of the City of Miami, affiant shall take a leave of absence, without pay from his/her employment during the period in which affiant has become a candidate for elective public office. This subsection does not apply to the Commissioners and Mayor, City Manager, City Attorney, City Clerk, and Independent Auditor General. Such leave of absence shall be effective upon whichever occurs first:**

- (a) Such employee receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) At the time such employee appoints a campaign treasurer and designates a primary depository; or
- (c) At the time such employee files qualification papers and subscribes to a candidate's oath as required by law.

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14. Affiant's campaign headquarters address and telephone number:

3220 NW 15 Street Miami, FL ~~33130~~ 33125 YH 305 846 9192 YH

Affiant's campaign treasurer's name:

Marlin Muller

Affiant's campaign treasurer's address:

668 NW 2nd St #3 Miami FL 33130

Telephone numbers: (work) 305-7969963

(home) none

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15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Yanny Hidalgo

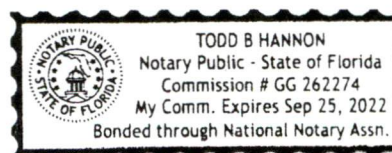
SIGNED THIS 19 DAY OF September, 2019

Y. Hidalgo  
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Yanny J. Hidalgo, who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

[Signature]  
CITY CLERK  
CITY OF MIAMI, FLORIDA

(SEAL)



       Did take an oath

✓ Produced identification

Type of identification produced: FL Drivers License



**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2018**

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hidalgo, Yanny J.

MAILING ADDRESS :

3220 NW 15th St

CITY :

Miami

ZIP :

33125

COUNTY :

Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami Commissioner, District 1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE\*\*\*\* **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** \*\*\*\***DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2018 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Hidalgo Law Firm, P.A.	25 SE 2nd Ave Miami, FL 33131	Legal services
Dynamic Property Group	637 W Flagler Street Miami FL 33130	Real Estate

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

none

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.



**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
none	

**PART E — LIABILITIES** [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Department of Education	PO Box 82561, Lincoln, Nebraska 68501

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]

(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Hidalgo Law Firm, P.A.	Dynamic Property Group, LLC.
ADDRESS OF BUSINESS ENTITY	25 SE 2nd Ave, Ste. 1235, Miami, FL	637 W. Flagler St.
PRINCIPAL BUSINESS ACTIVITY	Legal Services	Real Estate
POSITION HELD WITH ENTITY	Attorney	Owner
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	100%
NATURE OF MY OWNERSHIP INTEREST	Managing Owner	Managing Owner

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

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OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Yanny Hidalgo

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of City of Miami Commissioner, 1  
(Office) (District #)

                    ,                     ; I am a qualified elector of Miami-Dade County, Florida;  
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 117799015

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

YH

**X** YH Hidalgo (305) 331-3767 Yanny@thehidalgolaw.com  
Signature of Candidate Telephone Number Email Address

3220 NW 15th St Miami Florida 33125  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

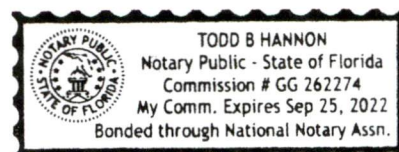
Todd B Hannon  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 19<sup>th</sup>  
day of September, 20 19.

Personally Known:            or Produced Identification: ✓

Type of Identification Produced: FL Driver's License





## LOYALTY OATH

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I, Yanny

First Name

J

Middle Initial

Hidalgo

Last Name

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

[Signature]  
Signature of Candidate

## CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF City Commissioner District 1 YH

Before me, an officer authorized to administer oaths, personally appeared

Yanny J. Hidalgo

(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of City Commissioner District 1 YH, for the City of Miami, Florida; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by Section 99.021, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

[Signature]  
Signature of Candidate

3220 NW 15th St.

Address

Miami

City

Florida

State

33125

ZIP Code

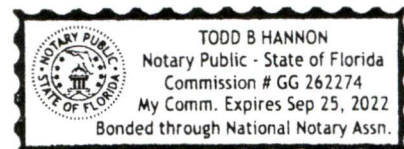
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 19<sup>th</sup> day of September, 2019.

[Signature]  
Signature of Officer Administering Oath or Notary Public

Todd B. Hannon  
Name of Notary Typed, Printed or Stamped

Personally Known: \_\_\_\_\_ OR Produced Identification: ✓

Type of Identification Produced: FL Driver's License



**ACKNOWLEDGMENT BY CANDIDATES COVERED BY  
THE MANDATORY PROVISION  
OF THE  
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

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The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils, candidates and their respective campaign staffs for any municipal elective office within Miami-Dade County; candidates and their respective campaign staffs for the Property Appraiser of Miami-Dade County; and any candidate and his or her campaign staff for elective office with a constituency in whole or in part in Miami-Dade County.

As provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C), I shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned, avoided, or injured in his or her business or occupation;
- (b) With actual malice publish or cause to be published by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned or avoided, or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged by any means any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit thereof; or
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

I, Yanny J. Hidalgo, a candidate for the office of  
please print your name  
City Commissioner, District 1 in Miami-Dade City of Miami, YM  
elective office sought county, municipality, or other jurisdiction

acknowledge that the Mandatory Fair Campaign Practices as provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C)(1) applies to me throughout this campaign period, regardless of when I sign this acknowledgment. I recognize as compulsory the jurisdiction of the Ethics Commission. The Ethics Commission has the authority to decide whether I have violated the Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x   
Signature

9/19/19  
Date

*Candidates for county office file with the Miami-Dade County Elections Department. Candidates for municipal office file with their respective municipal clerks. For further information, please contact the Miami-Dade County Office of Governmental Affairs at 305 499-8410.*

**Miami Dade County Elections Dept.**  
2700 NW 87<sup>th</sup> Ave. *or* P.O. Box 521550  
Miami, FL 33172 Miami, FL 33152-1550



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CITY OF MIAMI

**YANNY HIDALGO CAMPAIGN ELECTION  
COMMITTEE  
CAMPAIGN ACCOUNT**

655 W FLAGLER ST STE 201  
MIAMI, FL 33130-1223

1005

63-4/630 FL  
24157

DATE 9/19/2019

PAY TO THE  
ORDER OF

City of Miami

\$ 682.00

Six Hundred Eighty Two Dollars

DOLLARS

 Security  
Features  
Details on  
Back.

**Bank of America**

ACH R/T 083100277

FOR

Qualification



MP



City of Miami  
**OFFICIAL RECEIPT**

No. 500710

\$ 682.00 Sales Tax \$ — Total \$ 682.00

Date: 9/19/19  
xx/xx 100 Dollars

Received from: YANNY Hidalgo Campaign

Address: 655 W Flagler St STE 201 Miami 33130

For: Qualifying

Reference No: check #1005

This Receipt not VALID unless dated,  
filled in and signed by authorized em-  
ployee of department or division des-  
ignated hereon and until the City has  
collected the proceeds of any checks  
tendered as payment herein.

By: Sandra Forges

Department: City Clerk

Division: Election

C FN/TM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department



Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

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2019 SEP 19 AM 11:26

Name: YANNY HILDALGO  
Account Number: [REDACTED]  
Billing Date: 11/07/2018  
Past Due Date: 11/28/2018

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477  
Report any hazardous conditions to 305-274-9274  
Water Conservation Program Information- Call 311

Page 1 of 3

Messages

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at [www.miamidade.gov/water](http://www.miamidade.gov/water). To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Account Summary

Previous Balance	\$ 0.00
Payment Received	-45.00
Current Charges	241.99
Additional Fees	45.00
<b>Total Account Balance</b>	<b>\$ 241.99</b>

<b>Unpaid Balance</b>	<b>-45.00</b>
-----------------------	---------------

**Water Deposit**

Water Deposit	50.00
<b>Water Deposit Subtotal</b>	<b>\$ 50.00</b>

**Sewer Deposit**

Sewer Deposit	50.00
<b>Sewer Deposit Subtotal</b>	<b>\$ 50.00</b>

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
09/06/18	10/29/18	[REDACTED]	53	874	891	17	12716

For more information see back of bill  
Return this portion with Payment  
Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
[REDACTED]	11/28/2018	\$ 241.99	Thank you for your prompt payment

- Payment in US funds must be received by the past due date to avoid discontinuance of service. A 10% late charge will be assessed if payment is not received by the past due date
- ☐ Check box for address change. Please print changes on reverse side.
- Pay by phone or Online:  
1-800-565-1800 checking/savings  
1-800-510-0880 credit card [www.miamidade.gov/water](http://www.miamidade.gov/water)

YANNY HILDALGO  
3220 NW 15TH ST  
MIAMI FL 33125-1810



001879



Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

RECEIVED

2019 SEP 19 AM 11:26

Name: YANNY HILDALGO  
Account Number: [REDACTED]  
Billing Date: 11/07/2018  
Past Due Date: 11/28/2018

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477  
Report any hazardous conditions to 305-274-9272  
Water Conservation Program Information- Call 311

Page 2 of 3

Service Address: 3220 NW 15TH ST



Water Charges

Water Charges	42.35
Hydrant Charge	1.40
<b>Water Charges Subtotal</b>	<b>\$ 43.75</b>

Additional Fees

New Acct Field Visit Charge	\$ 45.00
-----------------------------	----------

Water Fees and Taxes

Meter Number: [REDACTED]

Excise Tax	4.24
Utility Service Fee	2.54
<b>Water Fees and Taxes Subtotal</b>	<b>\$ 6.78</b>

Description of Billing Terms

1. DEPOSIT REFUND/CREDIT - Retail customers with a good credit history will have their deposit credited to their account. Good credit history is defined as a period of two (2) years with no service interruptions combined with a record of less than three (3) late payments for a quarterly customer or less than five (5) late payments (for a monthly customer). Retail customers closing their accounts will be refunded their deposit, less any amount still due.
2. Consumption CCF (hundred cubic feet) - The department bills in hundred cubic feet which is expressed as CCF. One CCF is equivalent to 748 gallons. (For example: 10 CCF x 748 gallons = 7,480 gallons)
3. UTILITY SERVICE FEE - All water and sewer utilities in Miami-Dade County are required to pay this fee to support regulatory activities of the Permitting, Regulatory and Economic Resources Department.
4. HYDRANT CHARGE - A charge to the customer for the hydrant water service and for the installation, maintenance and repair of the hydrants. Customers in the unincorporated areas of Miami-Dade County and certain municipalities are billed this charge if their property is located within a radius of 660 feet of an existing fire hydrant, as per Miami-Dade County Code.
5. EXCISE TAX & STORMWATER CHARGE - This is a charge imposed by Unincorporated Miami-Dade County or certain municipalities. It is collected and remitted to either Miami-Dade County or the appropriate municipality.

AREA OFFICES

For payment of bills and requests for application for water and sewer service. The Opa-Locka office can only service Opa-Locka customers.

3575 South LeJeune Road  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Cashiers Only)

10710 S.W. 211th Street  
HOURS: 8:00 A.M. - 4:30 P.M.  
(South Dade Government Center)

2525 N.W. 62nd Street  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Martin Luther King Plaza)

3071 S.W. 38th Avenue  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Douglas Road Metrorail Station)

780 Fisherman Street  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Opa-Locka Municipal Complex)

CONNECT WITH US

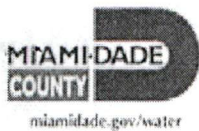


miamidadewater

To change your mailing address, please visit [www.miamidade.gov](http://www.miamidade.gov) or complete the form below and return with your payment

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

922790456440



Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

Name: YANNY HILDALGO

Account Number: [REDACTED]

Billing Date: 11/07/2018

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Water Conservation Program Information- Call 311

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Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
09/06/18	10/29/18	[REDACTED]	53	874	891	17	12716



**Sewer Charges**

Sewer Charges 80.51  
**Sewer Charges Subtotal \$ 80.51**

**Sewer Fees**

Utility Service Fee 4.83  
**Sewer Fees Subtotal \$ 4.83**

**Stormwater**

For Information Call: 305-416-1222

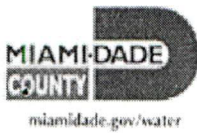
Stormwater Charge 6.12  
**Stormwater Subtotal \$ 6.12**



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Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

Name: YANNY HILDALGO  
Account Number: [REDACTED]  
Billing Date: 08/08/2019  
Past Due Date: 08/29/2019

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477  
Report any hazardous conditions to 305-274-9272  
Water Conservation Program Information- Call 311

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Messages

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at [www.miamidade.gov/water](http://www.miamidade.gov/water). To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Account Summary

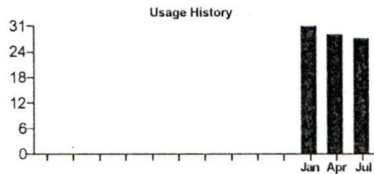
Previous Balance	\$ 244.29
Payment Received	-265.68
Current Charges	233.11
Additional Fees	21.39
<b>Total Account Balance</b>	<b>\$ 233.11</b>

<b>Unpaid Balance</b>	<b>-21.39</b>
-----------------------	---------------

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
04/29/19	07/30/19	[REDACTED]	92	951	979	28	20944

Service Address: 3220 NW 15TH ST

Water Charges



Water Charges	68.15
Hydrant Charge	2.40
<b>Water Charges Subtotal</b>	<b>\$ 70.55</b>

<b>Additional Fees</b>	
Late Payment Fee	\$ 7.44

For more information see back of bill  
Return this portion with Payment  
Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

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Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
[REDACTED]	08/29/2019	\$ 233.11	Thank you for your prompt payment

- Payment in US funds must be received by the past due date to avoid discontinuance of service. A 10% late charge will be assessed if payment is not received by the past due date
- ☐ Check box for address change. Please print changes on reverse side.

- Pay by phone or Online:  
1-800-565-1800 checking/savings  
1-800-510-0880 credit card [www.miamidade.gov/water](http://www.miamidade.gov/water)

YANNY HILDALGO  
3220 NW 15TH ST  
MIAMI FL 33125-1810



Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

Name: YANNY HILDALGO  
Account Number: [REDACTED]  
Billing Date: 08/08/2019  
Past Due Date: 08/29/2019

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477  
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Water Fees and Taxes  
Meter Number: 30267762

Excise Tax 6.82  
Utility Service Fee 4.09  
Water Fees and Taxes Subtotal \$ 10.91

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
04/29/19	07/30/19	[REDACTED]	92	951	979	28	20944



Sewer Charges

Sewer Charges 133.16  
Sewer Charges Subtotal \$ 133.16

Additional Fees  
Late Payment Fee \$ 13.95

Description of Billing Terms

- DEPOSIT REFUND/CREDIT - Retail customers with a good credit history will have their deposit credited to their account. Good credit history is defined as a period of two (2) years with no service interruptions combined with a record of less than three (3) late payments for a quarterly customer or less than five (5) late payments (for a monthly customer). Retail customers closing their accounts will be refunded their deposit, less any amount still due.
- Consumption CCF (hundred cubic feet) - The department bills in hundred cubic feet which is expressed as CCF. One CCF is equivalent to 748 gallons. (For example: 10 CCF x 748 gallons = 7,480 gallons)
- UTILITY SERVICE FEE - All water and sewer utilities in Miami-Dade County are required to pay this fee to support regulatory activities of the Permitting, Regulatory and Economic Resources Department.
- HYDRANT CHARGE - A charge to the customer for the hydrant water service and for the installation, maintenance and repair of the hydrants. Customers in the unincorporated areas of Miami-Dade County and certain municipalities are billed this charge if their property is located within a radius of 660 feet of an existing fire hydrant, as per Miami-Dade County Code.
- EXCISE TAX & STORMWATER CHARGE - This is a charge imposed by Unincorporated Miami-Dade County or certain municipalities. It is collected and remitted to either Miami-Dade County or the appropriate municipality.

AREA OFFICES

For payment of bills and requests for application for water and sewer service. The Opa-Locka office can only service Opa-Locka customers.

3575 South LeJeune Road  
HOURS: 8:00 A.M. - 6:43 P.M.  
(Cashiers Only)

10710 S.W. 211th Street  
HOURS: 8:00 A.M. - 4:30 P.M.  
(South Dade Government Center)

5400 N.W. 22nd Avenue Suite 102  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Caleb Center)

3071 S.W. 38th Avenue  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Douglas Road Metrorail Station)

780 Fisherman Street  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Opa-Locka Municipal Complex)

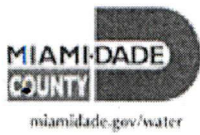


To change your mailing address, please visit [www.miamidade.gov](http://www.miamidade.gov) or complete the form below and return with your payment

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

922185439676





Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

Name: YANNY HILDALGO  
Account Number: [REDACTED]  
Billing Date: 08/08/2019  
Past Due Date: 08/29/2019

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477  
Report any hazardous conditions to 305-274-9272  
Water Conservation Program Information- Call 311

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Sewer Fees

Utility Service Fee	7.99
<b>Sewer Fees Subtotal</b>	<b>\$ 7.99</b>

Stormwater

For Information Call: 305-416-1222

Stormwater Charge	10.50
<b>Stormwater Subtotal</b>	<b>\$ 10.50</b>

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