## **Biscayne Point Decal Application**

Applicant is:  Property Owner	□ Renter					
PROPERTY ADDRESS				TELEPHONE NU	TELEPHONE NUMBER	
EMAIL						
LWAL						
PLEASE PRINT NAME:	VEHICLE MAKE	VEHICLE TAG		OFFICE USE ONLY		
One <u>Initial</u> Decal needed per vehicle				DECAL		
PLEASE PRINT NAME:	VEHICLE MAKE	VEHICLE TAG	OFFICE USE ONLY			
☐ ADDITIONAL OR ☐ REPLACEMENT				DECAL		
Each resident requesting a Decal should reflect the district resident's a company vehicle must present the of the vehicle and the name of the to the District and Resident. (i.e. He Closing Statement, Home Warranty PLEASE SUBMIT TO: Property Management Department 1833 Bay Road Miami Beach, FL 33139 Office # (305) 673-7631 Fax (305) 786-394-5350  I hereby state that I am (we are) the eligible resident of the state of th	name and address neir lease agreemed person using the volume owners Assocy Deed, Tax Bill or of the above listed property,	es that the Decal is ent or provide a lett vehicle and other do tiation Approval Let current utility bill).	to be assigned er on company ocumentation as ter, Driver's Lice	to. Resident's letterhead with s necessary, lir ense, Home Le	leasing or using the information king the vehicle ase agreement,	
SIGNATURE				DATE	DATE	
		FICE USE ONLY				
INITIAL — DECAL	RE	REPLACEMENT \ ADDITIONAL — DEC		PAYMENT	TOTAL	
PROCESSED BY:		DATE				
FROCESSED DT.		DATE				