

City of Miami Customer Invoice

Send Payment To: PO Box 105206 Atlanta GA 30348-5206

Page 1 of 1

Initial - Certificate of Use

INVOICE DATE 04-MAR-16	INVOICE NUMBER 9116524	LIEN NUMBER	NEW CHARGES 03-APR-16	S PAST DUE AFTER	FOLIO NUMBER 01-3230-060-0010	DOCUMENT NUMBER	
	•		DESCRIPTION			BILLING UNITS	TRANSACTION AMOUNT
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For online pay	ments, visit: http://n	niamigov.com/pay					
For questions a	and assistance, ple	ATTHE OND	mer Service at (305)	TED CHILD	CE	TOTAL AMOUNT	OHE.
3050 BISCAYN		13299		129488-909772		TOTAL AMOUNT	DUE \$425.00

SEE REVERSE SIDE FOR BILLING INQUIRES

ullet detach here and please return the bottom portion with your payment - retain top portion as your receipt ullet

City Of Miami

FINANCE DEPARTMENT,444 SW 2nd Avenue, Miami, FL 33130

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	MAILING ADDRESS	CHANGE
	MINITING ADDITESS	CHANGE



DV ADVERTISING CORP 3050 BISCAYNE BLVD 205 Miami FL 33137



9116524

DO NOT WRITE BELOW THIS LINE



- Do NOT send cash. Make
 Check payable to: City of Miami
 and send to the address above.
- Restrictive endorsements will
 NOT be honored
- NOT be honored.

 3. Include account number on face of check or money order.

 4. If there are names and/or
- I. If there are names and/or accounts status changes, make corrections to the right of the typed mailing information and mail your payment along with such changes to: City of Miami, Customer Services, 444 SW 2nd Avenue, Room 636-1, Miami, Florida 33130.

DETACH BEFORE MAILING