

City of Miami

ERICA PASCHAL-DARLING, CPA
Director of Finance Department



ARTHUR NORIEGA, V
City Manager

August 18, 2021

Dear Owner/Operator:

This letter is to advise you that the City of Miami's Bank is transitioning their Orlando Lockbox operations to their Atlanta location for the processing of Parking Surcharge payments.

Effective **October 12, 2021**, please send your payments to the following address:

**CITY OF MIAMI
COMPLETE CONSULTING SVC GROUP
PO BOX 947634
ATLANTA, GA 30394-7634**

There is no change for the owners/operators that wire their parking surcharge payments.

If you have questions, please contact the City of Miami Parking Surcharge Administrator at (305) 573-4300.

Sincerely,

A handwritten signature in blue ink that reads "Erica Paschal-Darling".

Erica T. Paschal-Darling, CPA
City of Miami, Finance Director

CC: Complete Consulting Services Group (CCSG)

City of Miami Surcharge Remittance Report

City Ordinance 13806

PROPERTY NUMBER

BUSINESS TAX RECEIPT #

CERTIFICATE OF USE #

Please exclude sales tax and surcharge from all amounts

PAYMENT TYPE	MONTHLY NET REVENUE
Daily (Visitor/Transient)	
Lease (Monthly)	
Validation	
Event	
Meter/Coin	
Other ()	
Total	

REMITTER'S NAME AND MAILING ADDRESS:

A non-sufficient funds fee will be assessed if a check is returned from bank for any reason.

Make checks payable to:

**CITY OF MIAMI - COMPLETE CONSULTING SVC GROUP
PO BOX 947634
ATLANTA, GA 30394-7634**

PARKING FACILITY LOCATION: ** Provide in order to post properly.**

Return for the month and year of:

SURCHARGE COLLECTIONS DUE:	
(A) Total Net Revenue Collected:	
(B) Surcharge Due: [(A) x .15 = tax due]	
(C) Penalty [(B) x .10]	
(D) Interest [(B) x .01 x # of months late]	
(E) Total Penalty and Interest: [(C) + (D)]	
Total to be paid with this return (B) + (E)	

Please indicate month for penalty & interest if different than current payment

I declare that this declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete declaration.

Signature of surcharge payer or agent	Print Name

Telephone Number	Date