



Community Development Department
10720 Caribbean Boulevard, Suite 120
Phone: 305-234-4262 Fax: 305-234-4251

**ASSISTED LIVING FACILITY/GROUP HOME
REQUEST FORM**

The fee for a Verification Letter is **\$ 106.88**. Please mail check or money order to:

Town of Cutler Bay
Attention: Community Development Department
10720 Caribbean Boulevard
Suite 120
Cutler Bay, Florida
33189

Make check or money order out to **The Town of Cutler Bay**.

DATE: _____

REQUESTOR NAME: _____

REQUESTOR MAILING ADDRESS: _____

FAX: _____

TELEPHONE NO: _____

Select one:

↑ **ASSISTED LIVING FACILITY**

↑ **GROUP HOME**

I am requesting a verification letter for the following location:

ADDRESS: _____

FOLIO: _____

ZONING: _____

SIGNATURE: _____

