


Fill in this information to identify the case:

Debtor 1 THE CONTAINER STORE

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas 

Case number 24-90627

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Miami Dade Water and Sewer Department</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Attn: Collection Branch/Bankruptcy Unit</u> <small>Name</small> <u>P.O. Box 149089</u> <small>Number Street</small> <u>Coral Gables</u> <u>FL</u> <u>33114</u> <small>City State ZIP Code</small> Contact phone <u>786-552-8449</u> Contact email _____	Where should payments to the creditor be sent? (if different) <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> _____ Contact phone _____ Contact email _____	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> RECEIVED MAR 12 2025 </div> <div> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ </div> </div>			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		



249062725031200000000002

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 6 9 8 1

7. How much is the claim? \$ 1,438.25 Does this amount include interest or other charges? ☒ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
- Unpaid water and sewer bills

9. Is all or part of the claim secured? ☒ No ☐ Yes. The claim is secured by a lien on property.
- Nature of property:**
- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
- ☐ Motor vehicle
- ☐ Other. Describe: _____
- Basis for perfection:** _____
- Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ _____
- Amount of the claim that is secured:** \$ _____
- Amount of the claim that is unsecured:** \$ 1,438.25 (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ _____
- Annual Interest Rate** (when case was filed) _____%
- ☐ Fixed
- ☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

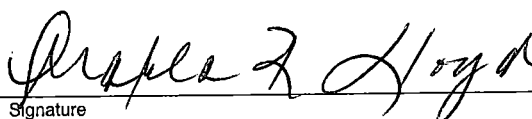
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/24/2025
MM / DD / YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name Marla R Lloyd
First name Middle name Last name

Title Miami Dade Water & Sewer Paralegal Collection Specialist

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

RECEIVED

MAR 12 2025

VERITA GLOBAL

Address 3071 SW 38th Avenue
Number Street

Coral Gables FL 33146
City State ZIP Code

Contact phone 786-552-8449 Email _____

Name: THE CONTAINER STORE
Account Number: 8802509200
Billing Date: 02/03/2025
Past Due Date: 02/24/2025

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 1 of 2

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. 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

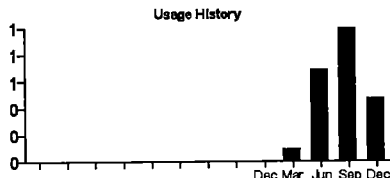
Previous Balance \$ 0.00
Current Charges 54.28
Total Account Balance \$ 54.28

***** DUPLICATE BILL *****

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
09/05/24	12/22/24	14206065	108	5	6 Est	1	748

Service Address: 7200 SW 88TH ST

Fireline Charges - Final



Fireline Charge 40.95
Water Charges 7.96
Fireline Charges Subtotal \$ 48.91

Fireline Fees and Taxes - Final

Meter Number: 14206065

Excise Tax 4.89
Utility Service Fee 0.48
Fireline Fees and Taxes Subtotal \$ 5.37

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
8802509200	Due Immediately	\$ 54.28	Final Bill Due Immediately

- 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

THE CONTAINER STORE
C/O ENGIE INSIGHT
PO BOX 2440
SPOKANE WA 99210-2440



88025092006 000000000005428

11104266



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BIBANK

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

Name: THE CONTAINER STORE
Account Number: 8802509200
Billing Date: 02/03/2025
Past Due Date: 02/24/2025

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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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)

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)

CONNECT WITH US



To change your mailing address, please visit 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: _____ **@** _____

880463210869

Name: THE CONTAINER STORE
Account Number: 3902509200
Billing Date: 02/06/2025
Past Due Date: 02/27/2025

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. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Account Summary

Previous Balance \$ 1,389.34
Current Charges 166.23
Adjusted Amount -166.23
Total Account Balance \$ 1,389.34

Unpaid Balance Due Immediately 1,389.34

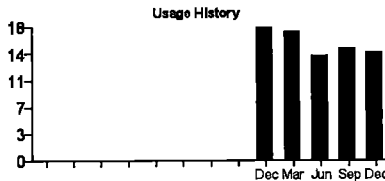
***** DUPLICATE BILL *****

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
12/10/24	12/22/24	22202187	12	134	136 Est	2	1496

Service Address: 7200 SW 88TH ST



Water Charges - Final



Water Charges 13.92
Hydrant Charge 0.32
Water Charges Subtotal \$ 14.24

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
3902509200	Due Immediately	\$ 1,389.34	Final Bill Due Immediately

- 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

THE CONTAINER STORE
C/O ENGIE INSIGHT
PO BOX 2440
SPOKANE WA 99210-2440



39025092007 000000000138934

21124264



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BIBANK

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

Name: THE CONTAINER STORE
Account Number: 3902509200
Billing Date: 02/06/2025
Past Due Date: 02/27/2025

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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Water Fees and Taxes - Final
Meter Number: 22202187

Excise Tax	1.39
Utility Service Fee	0.84
Water Fees and Taxes Subtotal	\$ 2.23

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
12/10/24	12/22/24	22202187	12	134	136 Est	2	1496



Sewer Charges - Final

Sewer Charges	26.40
Sewer Charges Subtotal	\$ 26.40

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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.
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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)

CONNECT WITH US



miamidadewater

To change your mailing address, please visit 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: _____ @ _____

390628165273

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

Name: THE CONTAINER STORE
Account Number: 3902509200
Billing Date: 02/06/2025
Past Due Date: 02/27/2025

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 - Final

Utility Service Fee	1.59
Sewer Fees Subtotal	\$ 1.59

Stormwater - Final

For Information Call: 305-372-6688

Stormwater Charge	121.77
Stormwater Subtotal	\$ 121.77

22124265



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