



COL	INTY						
		_ PERMITTEE NAME: _		PROJECT NAME:			
WATER USE INFORMATION							
/S NAME:		W/P/S NAME:		W/P/S NAME:			
Gallons	□Meter readings	Gallons	□Meter readings	Gallons	□Meter readings		
*Well	· • • ·	•	• •	– Not Used			
				S.			
	/S NAME: /S STATUS*: _ 	rict ID: Seq. # /S NAME: /S STATUS*: 	rict ID: Seq. # District ID: /S NAME: W/P/S NAME: /S STATUS*: W/P/S STATUS*: // //////////////////////////////////	rict ID:Seq. # /S NAME: /S STATUS*: /S STATUS*: // I I I I I I I I I I I I I I I I I I	rict ID: Seq. # /S NAME: /S STATUS*: /S STATUS*: //P/S STATUS*: ///P/S STATUS*: ////S STATUS*: ////S STATUS*: /////S STATUS*: //////S STATUS*: //////S STATUS*: ////////S STATUS*: //////////S STATUS*: ////////////////S STATUS*: ///////////////////////////////		

LEG-R.105.00 (5/14)

For assistance, please contact: (813) 985 7481 (incorporated by reference in Rule 40D-2.091, F.A.C.)





		PERMIT INFORMATION	PROPERTY SOLD				
WATER USE PERMIT	F#: COUNTY:	PERMITTEE NAME: F	PROJECT NAME:				
WATER USE INFORMATION							
YEAR Recording Date	DISTRICT ID: Seq. # W/P/S NAME: W/P/S STATUS*:	DISTRICT ID: Seq. # W/P/S NAME: W/P/S STATUS*:	DISTRICT ID: Seq. # W/P/S NAME: W/P/S STATUS*:				
AUG							
SEP							
NOV							
DEC							
Reported as (check one):	Gallons Gallons	Gallons OMeter readings	Gallons DMeter readings				
COMMENTS:							
	*Well/Pump/Station Status:	P – Proposed A – Abandoned C – Capped NU	– Not Used				
SUBMITTER INFORMATION							
NAME: PHONE NUMBER: EMAIL ADDRESS: I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that making any material false statement on this form or in any attachments to it may result in revocation, in whole or in part, of the permit.							
Please mail form to: Water Use Permit Bureau, Southwest Florida Water Management District, 7601 Highway 301 North, Tampa, FL 33637 For assistance, please contact: (813) 985 7481 LEG-R.105.00 (5/14)							