

Annual Statement of Continuing Water Use

Permittee Name
Mailing Address

SJRWMD
Mailing Address

Place Stamp
Here

SJRWMD
Mailing Address

Information should be submitted on-line at WWW.FLORIDASWATER.COM

Consumptive Use Permit Number:

Permittee:

Project Name:

Authorization Statement:

Please complete and submit this form to the SJRWMD. This information should be submitted electronically at [WWW.FLORIDASWATER.COM/\[url link\]](http://WWW.FLORIDASWATER.COM/[url link]) by January 31, [year]. If you do not have access to the internet, you may complete the bottom portion of this postcard and return it to the District by January 31, [year]. If you have any questions about the requirements of your permit, please contact [staff] at [staff phone number].

Permit Number:

Project name:

Do you still own, lease, or control the property on which the permitted withdrawal point(s) is located? Y N

Have you kept all records of monthly water use so that they can be provided upon District request? Y N

During the past calendar year did you use water for the purposes identified in the authorization statement above? Y N

If you answered No to any of the above, please explain: _____

Date: _____ Signature: _____

Name: _____

E-mail address: _____

Telephone Number: _____