



South Florida Water Management District SPECIAL USE APPLICATION AND LICENSE

(To be completed by Applicant)

Applicant's Name		
Vehicle License Number		
Drivers License Number		
Street Address		
City, State, Zip		
Telephone Number (including area code)		
Request permission to enter the		
Management Area for the purpose of		
Date(s)	From:	To:
Name of other participating in this activity (if more than one or a group):		

(for District use only)

Number in party	
License issued on	
License effective on	
License void on	
Lock combination	

Signature of Authorizing District Official

Name

Title