

Date: _____

Re: Wetland/Permit Determination for Property Located at:

County: _____

Sec. ____ Twp. ____ Rng. ____

Parcel Number(s) _____

St. Johns River Water Management District:

I authorize your staff to inspect the property referenced above for the purpose of wetland and/or permit determination.

Sincerely,

Signature

Print Name

Street Address/PO Box

City, State, Zip Code

Telephone Number

*This is a suggested form for your convenience. It is not a required form.