



## South Florida Water Management District SPECIAL USE APPLICATION AND LICENSE

(To be completed by Applicant)

Applicant's Name:		
Activity Leader (for group)		
Address:		
Telephone No.		
Request permission to enter the		
Management Area for the purpose of		
Dates:	From:	To:
Names of others participating in this activity (if more than one in a group):		

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(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