



**St. Johns River Water Management District
Annual Statement of Continuing Use**



PERMIT INFORMATION

CONSUMPTIVE USE PERMIT NUMBER: _____ COMPLIANCE ITEM: _____

PERMITTEE NAME: _____

PROJECT NAME: _____

AUTHORIZATION STATEMENT:

CONTINUING USE

Do you still own, lease, or control the property on which the permitted withdrawal point(s) is located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you use water for the purposes identified in the authorization statement above during the past calendar year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered No to either of these questions, please explain below:		
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>		

SUBMITTER INFORMATION

NAME (Please Print): _____ DATE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

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 submit online at www.sjrwm.com or mail form to St. Johns River Water Management District, PO Box 1429, Palatka, FL 32178-1429