

## Southwest Florida Water Management District Annual Crop Summary Report Form



PERMIT INFORMATION																	
WATER USE PERMIT NUMBER:					PERMITTEE NAME:												
PRO	PROJECT NAME:																
	CROP INFORMATION (attach additional sheets if necessary)																
Year:					Months in Production (check all that apply)												
DID#	Crop Name	Irrigation System <sup>1</sup>	Acres Irrigated	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1	Drip, overh	ead, flood/seepage,	etc.														
			SI	JBMITT	TER IN	FORM	ATION										
NAME OF PERSON SUBMITTING DATA:													DATE:				
PHONE NUMBER:					EMAIL ADDRESS:										_		
		he best of my knowl									d that m	aking a	ny mate	erial fals	e		

Please mail form to: Water Use Permit Bureau Southwest Florida Water Management District 7601 Highway 301 North Tampa, Florida 33637 For assistance, please contact (813) 985 7481