

**SUWANNEE RIVER WATER MANAGEMENT DISTRICT
PROPERTY OFFER APPLICATION**

9225 CR 49, Live Oak, FL 32060
(386)362.1001
E-Mail: acquisitions@srwmd.org

Rule 40B-9.041(1), Florida Administrative Code, requires specific information to initiate the acquisition process.

Applicant Information	
Name: _____	
Address: _____	City: _____ State _____ Zip: _____
Phone: _____	E-Mail _____
Applicant Signature: _____	Date _____

Owner of Record (Owner is Applicant yes <input type="checkbox"/> no <input checked="" type="checkbox"/>) <i>Sara Camp Abel Family Limited Partnership</i>	
Name: <u>Walter B. Abel, Jr.</u>	
Address: <u>4080 Walnut Cove Circle</u>	City: <u>Fairfax</u> State <u>VA</u> Zip: <u>22030</u>
Phone: <u>704-577-9919</u>	E-Mail: <u>Waltabel@aol.com</u>
Owner's Authorization: This is to advise the individual named above as applicant is the Authorized Representative of the owner(s) of the property described below. This authorization is for any communication and negotiations concerning conveyance of the property to the Suwannee River Water Management District.	
Owner Signature: <u>Walter B. Abel, Jr.</u>	Date: <u>3/2/2020</u>
Owner Signature: <u>General Partner</u>	Date: _____

Property/Project Information	
Asking Price (Fee): _____	(Conservation Easement) : _____
General Location (address, intersection, etc.) _____	
Acreage: _____	County: _____
Tax Parcel Number(s): _____	
Legal Description: _____	

Improvements: _____	

In addition, please provide an aerial, survey, or map identifying property boundaries and a copy of the Deed.	

Title Condition (Deed restrictions, easements, mineral interest, rights held by others, etc.)

Agreements (Identify any existing purchase agreement, option contract, listing agreement, or any other arrangement or agreement.)

Other Pertinent Information (Please provide any other information that may be helpful in evaluating the request.)

