

**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.

<b>Applicant Information</b>			
Name:	_____		
Address:	City:	State	Zip:
Phone:	E-Mail		_____
Applicant Signature:	_____		Date
	_____		_____

<b>Owner of Record</b> (Owner is Applicant yes <input type="checkbox"/> no <input checked="" type="checkbox"/> ) <i>SARA Camp Abel Family Limited Partnership</i>			
Name:	Walter B. Abel, Jr.		
Address:	4080 Walnut Cove Circle	City:	Fairfax
		State	VA
		Zip:	22030
Phone:	704-577-9919	E-Mail	waltabel@aol.com
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:	<i>Walter B. Abel, Jr.</i>	Date:	<i>3/2/2020</i>
Owner Signature:	<i>General Partner</i>	Date:	<i>3/2/2020</i>

<b>Property/Project Information</b>	
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.	

<b>Title Condition</b> (Deed restrictions, easements, mineral interest, rights held by others, etc.)
_____
_____

<b>Agreements</b> (Identify any existing purchase agreement, option contract, listing agreement, or any other arrangement or agreement.)
_____
_____
<b>Other Pertinent Information</b> (Please provide any other information that may be helpful in evaluating the request.)
_____
_____

