SOUTH BROWARD DRAINAGE DISTRICT

REQUEST FOR OPERATION AND MAINTENANCE PERMIT TRANSFER

IT IS HEREBY REQUESTED THAT PERMIT NO. _____ DATED _____ , BE TRANSFERRED AS FOLLOWS:

FROM:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____ E-MAIL: _____

PROJECT NAME: _____

TO:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AUTHORIZED REPRESENTATIVE: _____

PHONE: _____ ALTERNATE PHONE: _____ E-MAIL: _____

PROJECT NAME: _____

ATTACH A COPY OF THE RECORDED DOCUMENTS EFFECTUATING TRANSER OF OWNERSHIP.

THE UNDERSIGNED AGREES TO COMPLY WITH ALL TERMS AND CONDITIONS OF PERMITS AND AGREES TO ASSUME THE RIGHTS AND LIABILITIES CONTAINED THEREIN.

AUTHORIZED REPRESENTATIVE/APPLICANT (AUTHORIZATION LETTER REQUIRED) AND/OR PROPERTY OWNER:

_____

SIGNATURE

_____

PRINT NAME TITLE

_____

DATE