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

Name: Greg Stafford Address: 15098 SE 140th. Ave. Rd.	City: Weirsdale	State Fl.	7in:32195
Phone: 352-816-2106	City: Weirsdale E-Mail gregstafford123@gmail	.com	Zip. <u></u>
Applicant Signature:			
Owner of Record (Owner is Applicant)	•		
\ddress:	City:	State	Zip:
Address:Phone:	E-Mail		
Owner's Authorization: This is to advise the indivi- owner(s) of the property described below. This a conveyance of the property to the Suwannee Rive	uthorization is for any communicati		
Dwner Signature:		Date:	
Owner Signature:	Date:		
Asking Price (Fee):	Ounty: Hamilton 80-015, 5084-020		
mprovements:			
n addition, please provide an aerial, su he Deed.	rvey, or map identifying prop	perty boundaries a	and a copy of
Fitle Condition (Deed restrictions, ease	ements, mineral interest, rig	hts held by others	, etc.)
Agreements (Identify any existing purc other arrangement or agreement.)	hase agreement, option cor	ntract, listing agree	ement, or any