

CANAL DREDGING REPLY

Please Check one box:

I, _____ (Print Home Owner Name) of
_____ (address), Tampa, FL, Zip _____

SUPPORT the establishment of two Special Assessment Areas for initial dredging and long term maintenance of canals.

Signature of Approver

Phone / Email

I, _____ (Print Home Owner Name) of
_____ (address), Tampa, FL, Zip _____

DO NOT support the establishment of two Special Assessment Area (s) for initial dredging and long term maintenance of canals.

Signature

Phone / Email

Please return this to
Christine Acosta
Tampa Canal Preservation & Restoration
804 S. Bayside Dr.
Tampa, FL 33609