

**FLORIDA DEPARTMENT OF CORRECTIONS**

**Acknowledgement of Beverage**

I, \_\_\_\_\_ DC # \_\_\_\_\_, acknowledge that I  
(Inmate's printed name)

was provided with one eight ounce cup of water or other beverage every half hour, not exceeding

a total of two cups of water at approximately \_\_\_\_\_ and \_\_\_\_\_, on \_\_\_\_\_.  
(Time) (Time) (Date)

\_\_\_\_\_  
(Signature of Inmate)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witnessing Officer)

\_\_\_\_\_  
(Date)