

## Residential Flood Prevention Questionnaire

**(PLEASE COMPLETELY FILL OUT THE FRONT AND BACK OF THIS FORM)**

DATE:	
NAME/NAMES:	
PHONE #:	
DATE of BIRTH:	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/</span> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/</span> <div style="border-bottom: 1px solid black; width: 60px;"></div> </div> <div style="font-size: small; margin-top: 5px;">             This information will be used to verify your elected officials to include city and county councilmembers.             <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div> </div>
ADDRESS LINE 1:	
ADDRESS LINE 2:	
EMAIL ADDRESS:	
STATE/LOCAL/COUNTY ROAD MAINTENANCE:	
STATEHOUSE REPRESENTATION:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">SENATOR:</div> <div style="width: 45%;">REPRESENTATIVE:</div> </div>
MEMBER NAME:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">CITY COUNCIL:</div> <div style="width: 45%;">COUNTY COUNCIL:</div> </div>
NEIGHBORHOOD:	
NEIGHBORHOOD ASSOCIATION CONTACT NAME AND NUMBER:	

**1. Please give exact location of the flooding issue:**

---

---

---

---

---

---

**2. Please give an accurate description of the flooding issue:**

---

---

---

---

---

---

3. Please give any history of the problem and your ideas on what the problem is and how it could be resolved:

---

---

---

---

4. Who have you previously contacted in regard to the flooding issue and were any interventions tried or suggested? If so, what were they and who made the suggestions:

---

---

---

---

---

---

5. Please attach any pictures, maps, diagrams, etc. that may help us in determining a resolution.

If you have any questions, please contact the delegation office staff at (843) 740-5855.

Please return this completed questionnaire to:

Charleston County Legislative Delegation Office

Post Office Box 190016

North Charleston, SC 29419-9016

Email to:

[sfjones@charlestoncounty.org](mailto:sfjones@charlestoncounty.org)

Fax to:

(843) 308-4794