

Residential Flood Prevention Questionnaire

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

DATE:	
NAME/NAMES:	
PHONE #:	
DATE of BIRTH:	____/____/____ This information will be used to verify your elected officials to include city and MM DD YYYY county councilmembers.
ADDRESS:	
CITY, STATE, ZIP:	
EMAIL ADDRESS:	
STATE/LOCAL/COUNTY ROAD MAINTENANCE:	
SOUTH CAROLINA STATEHOUSE REPRESENTATION:	SENATOR: REPRESENTATIVE:
MEMBER NAME:	CITY COUNCIL: COUNTY COUNCIL:
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. Whom 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 pictures, maps, or diagrams that may help us in determining a resolution.
(Please limit to a maximum of 6 items.)

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: Sonia Jones

sfjones@charlestoncounty.org

Fax to:

(843) 308-4794