

FLOODPLAIN MANAGEMENT
COAHOMA COUNTY, MISSISSIPPI

HOME REGISTRATION

DATE: _____ **PHONE#:** _____

PROPERTY OWNER NAME: _____

ADDRESS OF PROPERTY: _____

MAILING ADDRESS: _____

TAX PARCEL #: _____

SECONDARY HOME: _____ YES _____ NO

LOCATION: Bland ___ Burkes ___ CCCL ___ Jackson Pt. ___ Miller Pt. ___ Old Levee ___
Toppers ___ Ward Lake ___ OTHER _____

HOUSE: ___ **SQ.FOOT:** _____ **YEAR:** _____ **FLOOD INS:** ___ YES ___ NO

MFG. HOME ___ **SIZE:** _____ x _____ **YEAR:** _____ **FLOOD INS:** ___ YES ___ NO

RV/TRAVEL TRAILER (circle one) **SIZE:** _____ x _____ **TAG#** _____

COUNTY: _____ **YEAR:** _____

MKT VALUE OF PROPERTY \$ _____

APPLICANT:

SIGNATURE _____ **DATE** _____

COAHOMA COUNTY FLOODPLAIN ADMINISTRATOR:

SIGNATURE _____ **DATE** _____