

Secretary of State  
Public Trust/Tidelands Office  
Public Lands Division  
1701 24th Avenue Suite B  
Gulfport, MS 39501  
P.O. Box 97  
Gulfport, MS 39502-0097



DELBERT HOSEMANN  
Secretary of State

(228) 864-0254  
fax (228) 864-0325  
www.sos.ms.gov

FOR OFFICE USE ONLY: No. _____ Date: _____
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## APPLICATION FOR CERTIFICATE REGARDING PUBLIC TRUST BOUNDARY

1. OWNER IS: (PLEASE CHECK ONE)  
\_\_\_\_\_ Individual    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation    \_\_\_\_\_ Public Agency
- Applicant's Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone: (\_\_\_\_) \_\_\_\_\_ Business    (\_\_\_\_) \_\_\_\_\_ Other
- Email: \_\_\_\_\_

*If there is more than one owner of record, please provide the information requested above for all such owners on a separate sheet of paper.*

2. GEOGRAPHIC LOCATION OF PROPERTY:  
\_\_\_\_\_ Section    \_\_\_\_\_ Township    \_\_\_\_\_ Range    \_\_\_\_\_ County
- Nearest City/Community: \_\_\_\_\_
- Name of Waterbody (if any): \_\_\_\_\_
3. RECORDATION OF DEED:  
This Deed is found in the Records of Deeds of the Chancery Clerk of \_\_\_\_\_ County,  
District \_\_\_\_\_, at Book \_\_\_\_\_, Pages \_\_\_\_\_ or Instrument No. \_\_\_\_\_.
4. LOCATION OF PROPERTY  
Subdivision, Block, and Lot No. \_\_\_\_\_
5. TAX ASSESSOR'S PARCEL NO. \_\_\_\_\_
6. LEGAL DESCRIPTION OF PROPERTY: (Please attach a copy of property survey, if available.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. SIGNATURE AND CERTIFICATION  
All statements contained above are true and correct to the best of my knowledge and belief. I agree to provide any additional data or information which may be required or requested by the Office of the Secretary of State.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Title (If Partnership, Corporation or Public Agency)