



FOR OFFICE USE ONLY:

No. _____

Date: _____

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)