



Comprehensive Stormwater Master Plan Storm Drainage & Flooding Questionnaire

Please complete, sign, and date the survey and return, whether or not you have experienced flooding. This form can either be completed electronically, or printed, signed, and returned in the mail. Please send any photos showing flooding on your property along with the date of the flooding and your address to stormwateranddrainage@paducahky.gov.

Name: _____

Complete Address: _____

May we call you? Yes No Best phone number to reach you: _____

Email address: _____ How long have you occupied this property? _____ years

Has the inside of your building flooded during or after a storm? Yes No

If yes, what part of the building floods? Please check all that apply and add additional comments below.

Basement: First floor: Crawl space:

Comments:

How did the water enter the building? Please check all that apply and add additional comments below.

Door: Window: Floor drain: Seeped through walls: Toilet: Drain backup:

Comments:

How many times has your building flooded since you have occupied it? 1: 2: 3-4: 5 or more:

Does the flood water have an odor like sewage? Yes No

Did you see sewage debris (toilet paper, etc.) in the water? Yes No

What was the estimated cost of flood damage to your building per event? \$_____

Does your street flood? Yes No If Yes, can cars pass? Yes No

Do you think a fire truck could have driven down the street during the storm? Yes No

If you answered yes, to any of these questions, we would like to contact you for more information. Please check the preferred means and time to contact you:

Phone: Email: Morning: Afternoon: Evening: Weekend:

Signature

Date

Additional Comments (feel free to write on the back of this form):

