

PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE

DATE: _____

PART I - APPLICANT INFORMATION

APPLICANT:

CONTACT:

PHONE:

MUNICIPALITY:

COUNTY:

PART II - SITE INFORMATION

DAMAGE CATEGORY KEY (use appropriate letters in the "category" box below)

- | | | |
|------------------------|----------------------------|----------------------------------|
| A. Debris Removal | D. WaterControl Facilities | G. Facilities Under Construction |
| B. Protective Measures | E. Public Buildings | H. Private Non-Profit |
| C. Roads & Bridges | F. Public Facilities | I. Public Recreation |

SITE #	CATEGORY	LOCATION (address, map location, etc.)

DESCRIPTION OF DAMAGE:

IMPACT:	% COMPLETE	COST ESTIMATE

SITE #	CATEGORY	LOCATION (address, map location, etc.)

DESCRIPTION OF DAMAGE:

IMPACT:	% COMPLETE	COST ESTIMATE

SITE #	CATEGORY	LOCATION (address, map location, etc.)

DESCRIPTION OF DAMAGE:

IMPACT:	% COMPLETE	COST ESTIMATE

SITE #	CATEGORY	LOCATION (address, map location, etc.)

DESCRIPTION OF DAMAGE:

IMPACT:	% COMPLETE	COST ESTIMATE