

DAMAGE ASSESSMENT FORM

Complete this form and return it to your Zone Captain or Deputy

Address: _____

City/state/zip code: _____

Homeowner name: _____

Date: ____ / ____ / ____

Name of person completing this form: _____

1. Circle if you rent or own the property? rent own
2. Circle if the property is primary or secondary residence. primary secondary
3. Circle if you have insurance. yes no
4. Circle if the property listed on this form is a residential structure or an outbuilding?

residential outbuilding

5. Check the item(s) below that most closely describes the damage to your property.

Not damaged

Utility access:

No water

No electricity

No sewer

Structural damage:

Accessible and livable

Accessible but not livable

Not accessible