

INITIAL PUBLIC ASSISTANCE DAMAGE ASSESSMENT

(INFRASTRUCTURE DAMAGE / PUBLIC PROPERTY) EVENT: _____

COUNTY _____ MUNICIPALITY _____ DATE _____

STREET ADDRESS _____ CITY _____

POINT OF CONTACT _____ PHONE _____

DESCRIBE DAMAGE:

DESCRIBE THE ADVERSE IMPACT ON ESSENTIAL FACILITIES AND SERVICES:

DESTROYED : Not Functional, Not Repairable **DAMAGED** : Not Functional, but Repairable

AFFECTED : Functional with light damage.

DAMAGED PROPERTY CATEGORY	NUMBER	NUMBER	NUMBER	TOTAL
	AFFECTED	DAMAGED	DESTROYED	
BRIDGE / CULVERT				
FIRE / EMS FACILITY				
HOSPITAL				
NURSING HOME				
PARK / RECREATION AREA				
POWER SUPPLY				
PUBLIC BUILDING				
PARK / RECREATION AREA				
ROADS				
SANITARY SEWER				
SCHOOL				
SEWER TREATMENT FACILITY				
STORM SEWER				
WATER CONTROL FACILITY				
WATER SUPPLY				
WATER TREATMENT FACILITY				
OTHER ()				
OTHER ()				
DEBRIS REMOVAL ____YES ____NO				
EMER PROTECTIVE MEASURES ____YES ____NO				

Name of Assessor: _____

DATE _____

