

FEDERAL EMERGENCY MANAGEMENT AGENCY
PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE

DATE

PART I — APPLICANT INFORMATION

COUNTY

NAME OF APPLICANT

NAME OF LOCAL CONTACT

PHONE NO.

PART II — SITE INFORMATIONKEY FOR DAMAGE CATEGORY (*Use appropriate letters in the "category" blocks below*)

- | | | |
|------------------------|-----------------------------|--|
| a. DEBRIS REMOVAL | d. WATER CONTROL FACILITIES | g. OTHER (<i>Parks, Recreational Facilities, etc.</i>) |
| b. PROTECTIVE MEASURES | e. PUBLIC BUILDINGS | |
| c. ROADS AND BRIDGES | f. PUBLIC UTILITIES | |

SITE NO.	CATE-GORY	LOCATION (<i>Use map location, address, etc.</i>)
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DESCRIPTION OF DAMAGE

IMPACT:

% COMPLETE

COST ESTIMATE

SITE NO.	CATE-GORY	LOCATION (<i>Use map location, address, etc.</i>)
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DESCRIPTION OF DAMAGE

IMPACT:

% COMPLETE

COST ESTIMATE

SITE NO.	CATE-GORY	LOCATION (<i>Use map location, address, etc.</i>)
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DESCRIPTION OF DAMAGE

IMPACT:

% COMPLETE

COST ESTIMATE

SITE NO.	CATE-GORY	LOCATION (<i>Use map location, address, etc.</i>)
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DESCRIPTION OF DAMAGE

IMPACT:

% COMPLETE

COST ESTIMATE

NAME OF INSPECTOR

AGENCY

OFFICE PHONE NO.

HOME PHONE NO.