

# LOCAL GOVERNMENT DAMAGE ASSESSMENT – TELEPHONE REPORT

1. RESIDENT'S NAME			2. PROPERTY ADDRESS (include apt. no; zip code)		
3. TELEPHONE NUMBER			4. TYPE OF PROPERTY		5. OWNERSHIP
Home	Work	Cell	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family (usually Apts.) <input type="checkbox"/> Business <input type="checkbox"/> Check here if residence is a vacation home—not a primary residence		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease (business only)
Best time to call	Best number to use				
6. CONSTRUCTION TYPE					
<input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Mobile Home <input type="checkbox"/> Manufactured <input type="checkbox"/> Other					
7. TYPE OF INSURANCE					
<input type="checkbox"/> Property <input type="checkbox"/> Sewer Back-up <input type="checkbox"/> Flood (Structure) <input type="checkbox"/> Flood (Contents) <input type="checkbox"/> Wind/Hurricane <input type="checkbox"/> None					
8. DAMAGES (Check all that apply)					
HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No    Water Heater <input type="checkbox"/> Yes <input type="checkbox"/> No    Electricity <input type="checkbox"/> On <input type="checkbox"/> Off    Natural Gas <input type="checkbox"/> On <input type="checkbox"/> Off Roof Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No    Foundation <input type="checkbox"/> Yes <input type="checkbox"/> No    Windows <input type="checkbox"/> Yes <input type="checkbox"/> No    Sewer <input type="checkbox"/> OK <input type="checkbox"/> Not OK Major Appliances: <input type="checkbox"/> Yes <input type="checkbox"/> No    Basement Flooding <input type="checkbox"/> Yes - Depth ___ Feet    Furnace <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. SOURCE OF DAMAGES					
<input type="checkbox"/> Sewer back-up <input type="checkbox"/> Primarily Flood <input type="checkbox"/> Wind/Wind driven rain <input type="checkbox"/> Tornado    Other <input type="checkbox"/> _____					
10. Based on the damages reported, the property is currently <input type="checkbox"/> Habitable <input type="checkbox"/> Uninhabitable					
11. CALLER'S ESTIMATE OF DAMAGES					
REPAIRS		CONTENTS		TOTAL	
\$		\$		\$	
12. COMMENTS					
12. DES EMPLOYEE NAME			13. DATE REPORT TAKEN		