

## INDIVIDUAL DAMAGE ASSESSMENT FLOODING AUGUST 12-13, 2016

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BUSINESS: ☐ MOBILE HOME: ☐ BRICK HOME: ☐ WOOD FRAME HOUSE: ☐ APARTMENT: ☐

RENT: ☐ OWN: ☐ FLOOD INSURANCE: YES: ☐ NO: ☐

TOTAL # OF RESIDENTS IN HOUSE : DID YOU HAVE TO LEAVE YOUR HOUSE DUE TO FLOODING: YES: ☐ NO: ☐

HOW MUCH WATER GOT IN YOUR HOUSE: \_\_\_\_\_

ESTIMATED MONETARY AMOUNT OF DAMAGE:

**BASIC DAMAGE:**

ADDITIONAL NOTES:

FORM COMPLETED BY: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

**ONCE FORM IS COMPLETED:**

FAX TO 337-363-3308 OR SCAN AND EMAIL VANGY911@CENTURYTEL.NET