INITIAL DAMAGE ASSESSMENT - HOUSING LOSSES

(1)COUNTY:_____

(2)MUNCIPALITY:_____

(3) INCIDENT (X)
( )FLOOD
( )HURRICANE
( )TORNADO
( )OTHER _____
(Specify)

(4) ASSESSMENT TEAM
_____
_____
_____
_____

(5)INCIDENT PERIOD:_____

(6)DATE OF SURVEY:_____

(7)PAGE_____OF_____

REF NO.	NAME OF OCCUPANT	STREET/ROUTE/SR MOBILE HOME PK/ BLDG. NAME/ DEVELOPMENT/ETC	HOME (X)		TYPE (X)			STATUS (X)		DAMAGES (UNIHABITABLE)			ISO (X)	WATER LEVEL IN STRUCTURE (In Feet)	REPLACEMENT COST OR MARKET VALUE	ESTIMATED DOLLAR LOSS	INS. (X)		EST. INCOME(X)			PROB ASSIS	
			PRI	SEC	SF	MF	MH	OWN	RENT	MIN	MAJ	DEST					HO	NFIP	LO	MED	HI	RT	HR
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)
		TOTALS																					

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REV. 7/96 dls
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