

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE

DATE

**PART I - APPLICANT INFORMATION**

COUNTY	NAME OF APPLICANT	NAME OF LOCAL CONTACT	PHONE NO.
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**PART II - SITE INFORMATION**

KEY FOR DAMAGE CATEGORY *(Use appropriate letters in the "category" blocks below)*

a. DEBRIS REMOVAL	d. WATER CONTROL FACILITIES	g. FACILITIES UNDER CONSTRUCTION
b. PROTECTIVE MEASURES	e. PUBLIC BUILDINGS	h. PRIVATE NON-PROFIT
c. ROADS AND BRIDGES	f. PUBLIC UTILITIES	i. PUBLIC RECREATION

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

IMPACT:	% COMPLETE	COST ESTIMATE
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SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>
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DESCRIPTION OF DAMAGE:

IMPACT:	% COMPLETE	COST ESTIMATE
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SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>
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DESCRIPTION OF DAMAGE:

IMPACT:	% COMPLETE	COST ESTIMATE
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SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>
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DESCRIPTION OF DAMAGE:

IMPACT:	% COMPLETE	COST ESTIMATE
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NAME OF INSPECTOR	AGENCY	PHONE NO. OFFICE	PHONE NO. HOME
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