Date: ____________  County: ___________________________  City/Town: ________________________  
Type of dwelling: (  ) House, (  ) Apt., (  ) Mobile Home, (  ) Business  
Name: ___________________________________________  Phone # _____________________________  
Address: ____________________________________________________________________________  
(  ) OWN       (    ) RENT, Renters please give property owner information:  
Name: ___________________________________________  Phone # : __________________________   
Address : ___________________________________________   City: ______________________________  
Is your home constructed of: (   ) wood; (   ) brick; (   ) siding; (   ) Other:___________________________  
Do you have a: (   ) basement; (   ) crawlspace; (   ) Concrete slab; (   ) Other: ______________________  
Did damage occur in the basement? .....................................  (   ) YES      (   ) NO  
Did damage occur at the first floor level? ...........................…. (   ) YES      (   ) NO  
Was the source of flooding sewer backup? ………………………….. (   ) YES (   ) NO  
Depth of flood water in basement: __________________________________________________________  
Is your basement Essential Living Space?                                (   ) Yes       (   ) NO  
What kind of Living Space:_________________________________________________________________  
Depth of flood water in first floor level: ____________________________  
How many floor levels does your home have? ...................... (   ) 1; (   ) 1 1/2; (   ) 2 (   ) Bi/Tri-level  
Was there any damage to your foundation? ........................  ..  (   ) YES   (   ) NO  
If yes, to what extent _____________________________________________________________________  
Was there damage to your personal property? ............................. (   ) YES (   ) NO  
If yes, what was damaged?  ________________________________________________________________

Do you have homeowners insurance? .............................................. (   ) YES (   ) NO  
If yes, what is the company name? ___________________________________________________________  
Is your home in a designated floodplain? (   ) YES   (   ) NO  
Do you have Flood Insurance? (   ) YES (   ) NO   Policy date: ________________________________  
Do you have sewer back-up insurance? (   ) YES (   ) NO  
Additional information or directions to damaged property: ___________________________________  

THIS FORM IS NOT AN APPLICATION FOR ANY ASSISTANCE PROGRAM  
Be sure to consult your Local Permitting Official before you start any repairs!  
Revised 8/22/07  Please return this form to your Local Emergency Management Agency Office