

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE**

DATE

**PART I — APPLICANT INFORMATION**

COUNTY

NAME OF APPLICANT

NAME OF LOCAL CONTACT

PHONE NO.

**PART II — SITE INFORMATION**KEY FOR DAMAGE CATEGORY (*Use appropriate letters in the "category" blocks below*)

- |                        |                             |  |
|------------------------|-----------------------------|--|
| a. DEBRIS REMOVAL      | d. WATER CONTROL FACILITIES | g. OTHER ( <i>Parks, Recreational Facilities, etc.</i> ) |
| b. PROTECTIVE MEASURES | e. PUBLIC BUILDINGS         |  |
| c. ROADS AND BRIDGES   | f. PUBLIC UTILITIES         |  |

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

IMPACT:

% COMPLETE

COST ESTIMATE

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

IMPACT:

% COMPLETE

COST ESTIMATE

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

IMPACT:

% COMPLETE

COST ESTIMATE

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

IMPACT:

% COMPLETE

COST ESTIMATE

NAME OF INSPECTOR

AGENCY

OFFICE PHONE NO.

HOME PHONE NO.