

Damage Inspection Form for	Completed by _____ (name) _____ (date)
(Name of Local Government)	

BOX 1 – Occupant's Contact Information	
Street # _____	Street Direction _____ Street Name _____ Ave / Rd / St. _____
Unit # _____	City _____ Zip _____ Parcel # _____
Last Name _____	First Name _____ M.I. _____
Wk Phone _____ Ext. _____	Hm Phone _____ Cell Phone _____
Main Email _____	Second Email _____
Own <input type="checkbox"/>	Lease <input type="checkbox"/> #of persons living in residence ? _____
Best Mailing Address (if different from the above address)	
Street # _____	Street Direction _____ Street Name _____ Ave / Rd / St. _____
Unit # _____	City _____ Zip _____

BOX 2 – Property Damage						
<p style="text-align: center; margin: 0;">RESIDENTIAL</p> Single Family <input type="checkbox"/> Apartment (3+ units) <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home (complete both BOXES 2 & 3) <input type="checkbox"/>	<p style="text-align: center; margin: 0;">COMMERCIAL</p> Retail <input type="checkbox"/> Light Industrial <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/>					
	Reported Values		Inspection Values			
	YES	NO	Not Sure / Applicable	YES	NO	Not Sure / Applicable
Is this your primary residence ?	□	□	□	□	□	□
Is there insurance that will cover damages to residence / property ?	□	□	□	□	□	□
Are you a senior citizen or disabled occupant ?	□	□	□	□	□	□
Can occupants live in the residence / use the property ?	□	□	□	□	□	□
Are flood waters blocking access to the residence / property ?	□	□	□	□	□	□
Have accessory buildings been damaged (i.e. shed, barn, etc.) ?	□	□	□	□	□	□
Are these household systems / services functioning ?	Electrical		□	□	□	□
	Furnace / Air Conditioner		□	□	□	□
	Hot water heater		□	□	□	□
	Water service / well		□	□	□	□
	Sanitary sewer / Septic		□	□	□	□
Does the residence / property have a basement ?	□	□	□	□	□	□
Is / was there SEWAGE backed-up in the basement ?	□	□	□	□	□	□
Is / was there FLOOD WATER in the basement ?	□	□	□	□	□	□
Has it receded ?	□	□	□	□	□	□
Is / was it above the bottom 2 steps ?	□	□	□	□	□	□
Does a resident permanently reside and sleep in the basement ?	□	□	□	□	□	□
Is / was there flood water on the first floor ?	□	□	□	□	□	□
If yes, is / was it above the electrical outlets ?	□	□	□	□	□	□
Has it receded ?	□	□	□	□	□	□
Has this flooding occurred before ?	□	□	□	□	□	□