

Residential / Business Detailed Damage Assessment

Columbia County Emergency Management

FOR OFFICIAL USE ONLY			
Report #:	Dispatch Incident #:	Total Damages \$	
Damages:	<input type="checkbox"/> Affected	<input type="checkbox"/> Minor	<input type="checkbox"/> Major <input type="checkbox"/> Destroyed

RESIDENT / OCCUPANT MUST COMPLETE SECTIONS I - VI

SECTION I. Resident/Occupant Information						
Last Name	First Name	M.I.	Mailing Address	City	State	Zip
Township, City, or Village of Residence			Cell Phone	Evening Phone	Daytime Phone	Check One <input type="checkbox"/> RENT <input type="checkbox"/> OWN

SECTION II. Property Owner/Landlord Information (IF DIFFERENT THAN OCCUPANT)							
Name	Mailing Address	City	State	Zip	Home Phone	Work Phone	

SECTION III. Habitability/Displacement Information		
Habitability	Displacement	Disposition
Is the residence habitable (safe and sanitary)? <input type="checkbox"/> YES (Skip this section) <input type="checkbox"/> NO (Complete this section) Key Criteria: SAFE AND SANITARY Guidelines: Are conditions livable? Has disaster interrupted utility services such as water, sewer, power, heat/AC? Is the structure stable? Are there other circumstances that make it unsafe or unsanitary to continue living there?	_____ Number of occupants displaced _____ Number of days occupants expect to remain displaced	<input type="checkbox"/> Staying with friends/relatives: Whom? _____ <input type="checkbox"/> Staying in Public Shelter: Where? _____ <input type="checkbox"/> Staying in hotel/motel: Name _____ <input type="checkbox"/> Relocated to/secured new temporary residence <input type="checkbox"/> Relocated to/secured new permanent residence <input type="checkbox"/> Still living in home that is not habitable (refer to human services agency) <input type="checkbox"/> Don't have a place to stay (refer to human services agency) <input type="checkbox"/> Other: _____
Temporary Street Address, City, State, Zip		Temporary Phone Number

SECTION IV. Personal Property Losses	
Check All That Apply I Have..... <input type="checkbox"/> NO Insurance <input type="checkbox"/> Homeowners / Renters Insurance <input type="checkbox"/> Flood Insurance	Narrative Description of Losses (May include \$ estimate if available)

SECTION V. Property Damage		Check One: <input type="checkbox"/> Residential Damage <input type="checkbox"/> Business Damage	
		ESTIMATE \$ AMOUNT "USE BEST GUESS"	NARRATIVE DESCRIPTION OF DAMAGE
TYPE OF DAMAGE	Yes	No	
Structural Damage to Home / Business (exterior and interior)			
Furnace/Air Conditioner			
Water Heater			
Sewer/Septic System Water Utility/Well			
Clean/Sanitize Expense			
Replace Carpeting			
Access to Dwelling (driveway/bridge, ramp, etc)			
Other			

The damaged property is: (check one):
 A primary/full-time residence A Summer/Vacation Home or Cabin Other (explain: _____)

SECTION VI. Agricultural Damage/Losses			
Check All That Apply And Include \$ Estimate If Available			
<input type="checkbox"/> Livestock \$ _____	<input type="checkbox"/> Crops \$ _____	<input type="checkbox"/> Buildings/Structures \$ _____	
Narrative:			

PLEASE COMPLETE THIS FORM AS SOON AS POSSIBLE, AND DROP IT OFF AT
Columbia County Emergency Management Office, fax it to 608-742-0598 or Email to: Emergency.Management@co.columbia.wi.us
If you need more writing space, please staple or clip an additional sheet of paper to this form.