

Damage Inspection Form

Completed by _____ (name)

(Name of Local Government)

_____ (date)

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 Lease #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

RESIDENTIAL

- Single Family Apartment (3+ units)
 Duplex Condominium
 Mobile Home (complete both BOXES 2 & 3)

COMMERCIAL

- Retail Light Industrial
 Office Industrial
 Other

Citizen Report

Govt. Inspection

YES	NO	Not Sure / Applicable	YES	NO	Not Sure / Applicable
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Is this your primary residence ?	<input type="checkbox"/>					
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Is there insurance that will cover damages to residence / commercial property ?	<input type="checkbox"/>					
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Are you a senior citizen or disabled occupant of this residence ?	<input type="checkbox"/>					
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Can occupants live in the residence / use the commercial property ?	<input type="checkbox"/>					
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Are flood waters blocking access to the residence / commercial property ?	<input type="checkbox"/>					
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Have accessory buildings been damaged (i.e. shed, barn, etc.) ?	<input type="checkbox"/>					
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Are these household systems / services functioning ?	Electrical	<input type="checkbox"/>				
	Furnace / Air Conditioner	<input type="checkbox"/>				
	Hot water heater	<input type="checkbox"/>				
	Water service / well	<input type="checkbox"/>				
	Sanitary sewer / Septic	<input type="checkbox"/>				

Does the residence / property have a basement ?	<input type="checkbox"/>					
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Is / was there SEWAGE backed-up in the basement?	<input type="checkbox"/>					
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Is / was there FLOOD WATER in the basement ?	<input type="checkbox"/>					
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Has it receded ?	<input type="checkbox"/>					
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Is / was it above the bottom 2 steps ?	<input type="checkbox"/>					
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Does a resident permanently reside and sleep in the basement ?	<input type="checkbox"/>					
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Is / was there flood water on the first floor ?	<input type="checkbox"/>					
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If yes, is / was it above the electrical outlets ?	<input type="checkbox"/>					
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Has it receded ?	<input type="checkbox"/>					
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Has this flooding occurred before ?	<input type="checkbox"/>					
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(Box 2 continued on next page)

Damage Inspection Form

Completed by _____ (name)

(Name of Local Government)

(date)

Property Address: _____

Parcel #: _____

BOX 2 – Property Damage

If the residence / facility can't be occupied, indicate which **repairs** would make it usable:

- Siding / fascia
- Windows
- Doors
- Holes in roof (less than 4'x4')
- Removing water from basement
- Repair / replace wall / floor structural elements
- Foundation
- Repair / replace roof rafters / trusses / decking

Government Inspection

- Siding / fascia
- Windows
- Doors
- Holes in roof (less than 4'x4')
- Removing water from basement
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- Repair / replace roof rafters / trusses / decking

BOX 3 – Mobile Homes

Citizen Report

Govt. Inspection

	Citizen Report			Govt. Inspection		
	YES	NO	Not Sure / Applicable	YES	NO	Not Sure / Applicable
Are the roof and siding damaged but keeping the elements out ?	<input type="checkbox"/>					
Are there any broken windows ?	<input type="checkbox"/>					
Have the piers / foundation shifted ?	<input type="checkbox"/>					
Has the mobile home shifted on the piers ?	<input type="checkbox"/>					
Has the mobile home been swept from / knocked off the foundation ?	<input type="checkbox"/>					
Has the frame twisted ?	<input type="checkbox"/>					
Is the mobile home touching flood water ?	<input type="checkbox"/>					
Have the utility connections on the mobile home been flooded ?	<input type="checkbox"/>					
Have flood waters soaked the bottom boards ?	<input type="checkbox"/>					
Have flood waters risen above the floor level ?	<input type="checkbox"/>					

BOX 4 – Other Info

Source:

9-1-1

2-1-1

Other:

BOX 5 – Final Inspector's Assessment (optional)

Affected

Minor

Major

Destroyed

Is the property habitable ?

YES NO

Estimated cost to repair \$