Disaster Damage Assessment

		LIE		eet - maiviat	лаг Рторег	ity		
	DATE:							
NAME:								
STREET ADDRESS: CITY:				PA	ZIP:			
MUNICIPALITY:	FA				-	Y or N	BUSINESS?	V or N
LONGITUDE:				ΙA		t OI IN	BUSINESS?	
	Locatio	Location Notes:					Yes	No
					Primary Home			
					Renter			
SYSTEM	DAMAGED Mobile		% F	R.C. Mobile	DAMAGE CATEGORY			
	Home	Home	Home	Home			Home	Mobile Home
Foundation			7		De	estroyed		
Floor (Frame)			16	20		Major		
Exterior Walls			14	35		Minor		
Roof			9	20	А	ffected		
Interior Walls			28	25	Ina	ccessible		
Pumbing						E: Non-observ		
Heating/A.C.			10			on from the dwe observed if you		
Electrical		6 dwelling.						
Total % Damaged	0	0				Structure	Contents	Land
				larket Value	=			<u> </u>
Di			saster Loss					
				Insurance	\$			
Unir				nsured Loss	\$	\$0.00	\$0.00	\$0.00
COMMENTS:							Yes	No
				Flood Insurance				
				Basement Water** First Floor Water**				
					ight Water (Inches):			
Additional comments								
NAME OF A								
	DATE:							

Once completed, email this form to the ACDES (resenwine@adamscounty.us or tkunkle@adamscounty.us) so the information can be entered in the PEMA Damage Reporter. Remind owners with damage that a report of damage is NOT a guarantee that they will receive assistance.