Jefferson County Department of Emergency Services

9-1-1 / EMA

Jefferson County 9 1 1 Department of Emergency Services

Preliminary Damage Reports from Municipalities

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Municipality _____

Report by _____

Name of owner: _____ Contact Phone: _____

Address: _____

City / State / Zip: _____

Name of renter / lease: (if different than owner): _____

Number of Residents: Adults _____ Children (17 and younger) _____

Insured? Yes / No Sewer backed up? Yes / No

Flood Insurance? Yes / No

Own? Yes / No

Rent? Yes / No Basement Apartment? Yes / No

Living Area in basement? Yes / No Bedrooms in Basement? Yes / No (if yes – how many? _____)

Description of Damage: (Circle one)

Water 1st Floor/2nd Floor? Describe/inches _____ Water in Basement? Yes / No

Flooded Yard? Yes / No Depth of Water in Basement: _____

Dept of Water in Yard: _____

Other Physical Damage (Describe) _____

Appliances Affected: (Check all that applies)

Water Tank ( )	Furnace/HVAC ( )	Medical Devices ( )
Washer / Dryer ( )	Television/Computer ( )	Refrigerator ( )
Freezer ( )	Beds ( )	Misc ( ) Please list: _____

Question for owner / tenant – Have you contacted your Insurance Company? Yes / No

Insurance Company Name: _____ Telephone: _____

Level of Damage (per PEMA guidelines)

Unknown _____ Affected _____ Minor _____ Major _____ Destroyed _____

Photos Taken? Yes / No (Please include any notes and photos with this form.)
Return to the County EMA office as soon as possible