

**PUBLIC ASSISTANCE
DAMAGE ASSESSMENT REPORT**
(Instructions on Back)

COUNTY/CITY: _____
 TYPE DISASTER: _____
 DAMAGE ASSESSMENT TEAM: _____

Page _____ of _____
 Date of Occurrence: _____
 Date: _____

LOCATION AND DESCRIPTION (Additional Comments add separate sheet)	CATEGORY (Figures in Dollars)							
	(A) Debris Removal	(B) Protective Measures	(C) Road Systems	(D) Water Control	(E) Public Building & Equipment	(F) Public Utilities	(G) Recreation Facilities	INS Coverage
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

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