DEBRIS REMOVAL DAMAGE ASSESSMENT REPORT

(Instructions on Back)

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

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

LOCATION AND DESCRIPTION (Facility affected, roads, bridges, drainage, water, sewer and building access)	AMOUNT		PROPERTY AFFECTED ( )				TYPE ( )		Estimated Amount in Cubic Yards	For State Use Only
	Concentrated	Disbursed	Public	Private	Agriculture	Building Materials	Trees/ Vegetation	Rock, Silt, Gravel		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)