

<b>A. Name of Political Subdivision &amp; Population</b>	<b>B. Name of County &amp; Population</b>	<b>INTERNAL USE ONLY</b>
		MSG. NO. _____
<b>C. Type of Disaster &amp; Date of Occurrence</b>	<b>D. Area Primarily Affected (East, N.E., All)</b>	DATE REC'D _____
(If <i>Flood</i> or <i>Winter Storm</i> Provide additional information requested on the back of this form)		TIME REC'D _____
<b>E. Contact ----- Name &amp; Title:</b> Address: _____ Phone: ( ) _____		SOURCE _____
<b>PUBLIC DAMAGES *</b>		
<b>A. DEBRIS CLEARANCE</b>		
Public Roads and Streets . . . . .	\$ _____	
Public Property . . . . .	\$ _____	
Other . . . . .	\$ _____	
<b>TOTAL</b>	\$ _____	
<b>E. PUBLIC BUILDINGS, FACILITIES, EQUIPMENT</b>		
Public Buildings Damaged # _____	\$ _____	
Public Buildings Destroyed # _____	\$ _____	
Building Contents . . . . .	\$ _____	
Vehicles/Equipment . . . . .	\$ _____	
Insurance Coverage _____%		
<b>TOTAL</b>	\$ _____	
<b>B. PROTECTIVE MEASURES</b>		
Emergency Temporary Repairs . .	\$ _____	
Flood Protection/Sandbagging . .	\$ _____	
Barricades, Signs . . . . .	\$ _____	
Security/Search & Rescue. . . . .	\$ _____	
<b>TOTAL</b>	\$ _____	
<b>F. PUBLIC UTILITIES (PUBLICLY OWNED)</b>		
Water Systems . . . . .	\$ _____	
Water Treatment Plants . . . . .	\$ _____	
Sewage Treatment Plants . . . . .	\$ _____	
Sewers Length _____ FT . . . . .	\$ _____	
Length _____ FT . . . . .	\$ _____	
Other . . . . .	\$ _____	
Insurance Coverage _____%		
<b>TOTAL</b>	\$ _____	
<b>C. ROAD SYSTEMS</b>		
ROADS TYPE _____ MILES _____	\$ _____	
TYPE _____ MILES _____	\$ _____	
BRIDGES DAMAGED # _____	\$ _____	
DESTROYED # _____	\$ _____	
CULVERTS DAMAGED # _____	\$ _____	
DESTROYED # _____	\$ _____	
ACCESS PROBLEMS		
YES _____ NO _____		
<b>TOTAL</b>	\$ _____	
<b>G. PARKS AND RECREATIONAL (PUBLICLY OWNED)</b>		
PARKS . . . . .	\$ _____	
RECREATIONAL . . . . .	\$ _____	
OTHER . . . . .	\$ _____	
INSURANCE COVERAGE _____%		
<b>TOTAL</b>	\$ _____	
<b>D. WATER CONTROL FACILITIES</b>		
DIKES . . . . .	\$ _____	
LEVEES . . . . .	\$ _____	
DAMS . . . . .	\$ _____	
DRAINAGE CHANNELS. . . . .	\$ _____	
OTHER . . . . .	\$ _____	
<b>TOTAL</b>	\$ _____	
<b>H. SCHOOLS AND PRIVATE NON-PROFIT FACILITIES</b>		
PUBLIC SCHOOLS DAMAGED # _____	\$ _____	
PUBLIC SCHOOLS DESTROYED # _____	\$ _____	
OTHER SCHOOLS DAMAGED # _____	\$ _____	
OTHER SCHOOLS DESTROYED # _____	\$ _____	
PRIVATE UTILITY . . . . .	\$ _____	
OTHER . . . . .	\$ _____	
INSURANCE COVERAGE _____%		
<b>TOTAL</b>	\$ _____	

AGN-0035

**\*\*THIS IS NOT AN APPLICATION FORM**

<b>I. CURRENT COMMUNITY BUDGET INFORMATION</b>	
1) ANNUAL BUDGET \$ _____	2) ROAD BUDGET \$ _____
3) PUBLIC WORKS BUDGET \$ _____	4) DATE FISCAL YEAR BEGINS _____
<b>PRIVATE DAMAGES *</b>	
<b>J. INDIVIDUAL</b>	<b>K. BUSINESS/INDUSTRY</b>

