

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE**

DATE

**PART I – APPLICANT INFORMATION**

COUNTY	NAME OF APPLICANT	NAME OF LOCAL CONTACT	PHONE NO.
--------	-------------------	-----------------------	-----------

**PART II – SITE INFORMATION**

KEY FOR DAMAGE CATEGORY *(Use appropriate letters in the "category" blocks below)*

a. DEBRIS REMOVAL	d. WATER CONTROL FACILITIES	g. FACILITIES UNDER CONSTRUCTION
b. PROTECTIVE MEASURES	e. PUBLIC BUILDINGS	h. PRIVATE NON-PROFIT
c. ROADS AND BRIDGES	f. PUBLIC UTILITIES	i. PUBLIC RECREATION

SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>
----------	-----------	---

DESCRIPTION OF DAMAGE

IMPACT:	% COMPLETE	COST ESTIMATE
---------	------------	---------------

SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>
----------	-----------	---

DESCRIPTION OF DAMAGE

IMPACT:	% COMPLETE	COST ESTIMATE
---------	------------	---------------

SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>
----------	-----------	---

DESCRIPTION OF DAMAGE

IMPACT:	% COMPLETE	COST ESTIMATE
---------	------------	---------------

SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>
----------	-----------	---

DESCRIPTION OF DAMAGE

IMPACT:	% COMPLETE	COST ESTIMATE
---------	------------	---------------

NAME OF INSPECTOR	AGENCY	PHONE NO. OFFICE	HOME
-------------------	--------	------------------	------