

County

[Redacted]

City

[Redacted]

Date of Event

[Redacted]

Type of Event

1	2	3	4	5	6	7	8	9	10	11	12
ADDRESS NUMBER	UNIT/SUITE	STREET NAME	TYPE OF STRUCTURE	OWN/ RENT	DEPTH - BASEMENT	DEPTH- CRAWLSPACE	DEPTH - 1st FLOOR	BASEMENT LIVING AREA	INSURANCE	STRUCTURAL DAMAGE	COMMENTS

Completed By:

[Redacted]

Page

[Redacted]

Date(s) of Assessment:

Start:

Phone Number:

[Redacted]

of

[Redacted]

End: