

Individual Location Damage Assessment

Damage Assessor Name _____ Damage Assessor Phone # _____

Town _____

Address or Lot # _____ Damage: Destroyed Major Minor Affected

Brief Damage Description _____

Owner/Resident Name _____ (if available)

Owner/Resident Contact Number _____ (if available)

Number of Residents Affected _____ (if available)

Number of Confirmed Injuries or Deaths # Deaths _____ #Injuries _____ (if available)

Town _____

Address or Lot # _____ Damage: Destroyed Major Minor Affected

Brief Damage Description _____

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