PUBLIC ASSISTANCE DAMAGE ASSESSMENT SITE COLLECTION FORM

Jurisdiction:	Local Point of Contact:	Date:	Page Number:

	Debris Removal		Roadway			Building & Equipment					Emergency Protective Measures			Photo #
Site Address/GPS Reading:	Yes	No	Paved	Gravel	Approximate Damage Dimension	Destroyed	Major	Minor	Affected	Insured Y/N	Yes	No	**Brief Description of Damages/Estimate of Uninsured Loss**	
TOTALS														