

PUBLIC ASSISTANCE - PRELIMINARY DAMAGE ASSESSMENT

FAX to the Henry County Emergency Management Agency at 765-521-3657

Name of Jurisdiction:	Reporting Official:
Address:	Title:
	Telephone:
Type of Disaster:	Date of Incident:
Population:	Yearly Budget:
Criteria: Restore to Pre-Disaster Condition	

**Include a brief description of Health & Safety Issues involving Categories A through G:
Example: Road or bridge out and fire or rescue can't get to home.**

Cat. A: Debris Removal: Including all Man-hours, Equipment, Materials and Contracts: **Cost:** _____

Cat. B: Emergency Protective Measures: Including all Man-hours, Equipment, Materials and Contracts: **Cost** _____

Cat. C. Roads & Bridges:
_____ Number and type of damage: **Cost:** _____

Cat. D. Water Control Facilities:
_____ Number and type of damage: **Cost:** _____

Cat. E. Buildings & Equipment:
_____ Number and type of damage: **Cost:** _____

Cat. F. Public Owned Utilities:
_____ Number and type of damage: **Cost:** _____

Cat. G. Parks, Recreational Facilities:
_____ Number and type of damage: **Cost:** _____

Total Costs: _____

Submitting Official:

Signature: _____ **Date:** _____

Title: _____ **Telephone:** _____