

General Information			
			EDA File No:
Event:		Municipality/Town:	
Resident/Name:		Date(s) of Damage:	
Location/Address:			
Type:	<input type="checkbox"/> Home <input type="checkbox"/> Small Business / Agriculture		
Evaluator Name:		Date of Inspection:	
Assessment Profile – Information and Background			
Insurance:	<input type="checkbox"/> Insured <input type="checkbox"/> Not Insured <input type="checkbox"/> Unknown At This Time		
Cause of Damage:	<input type="checkbox"/> Flood <input type="checkbox"/> Fire <input type="checkbox"/> Wind <input type="checkbox"/> Other		
Immediate concerns to address/report:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Safety Concerns:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Photos Taken:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Detailed Description of Damage			
Water Level: _____			
How water entered: <input type="checkbox"/> SBU <input type="checkbox"/> OLF <input type="checkbox"/> BOTH <input type="checkbox"/> SEEPAGE <input type="checkbox"/> OTHER			
Area of Land Affected: _____ <input type="checkbox"/> QUARTERS <input type="checkbox"/> ACRES			
<input type="checkbox"/> Crop <input type="checkbox"/> Fencing <input type="checkbox"/> Infrastructure <input type="checkbox"/> Other			
Summary			