

149 Part 1

Jefferson County Dept. of Emergency Management

PRELIMINARY DAMAGE REPORT - PUBLIC FACILITIES

PERSON REPORTING	DAY PHONE	ALTERNATE	NOTES AND ALERTS
APPLICANT AGENCY NAME:		SITE NO.	
DAMAGE CATEGORY:			
<input type="checkbox"/> A - DEBRIS REMOVAL <input type="checkbox"/> D - WATER CONTROL <input type="checkbox"/> PARKS/OTHER <input type="checkbox"/> B - PROTECTIVE MEASURES <input type="checkbox"/> E - PUBLIC BUILDINGS <input type="checkbox"/> <input type="checkbox"/> C - ROADS AND BRIDGES <input type="checkbox"/> F - PUBLIC UTILITIES <input type="checkbox"/>			
DESCRIPTION OF DAMAGE			
COST ESTIMATE			
IMPACT TO THE JURISDICTION			
PHYSICAL ADDRESS WHERE DAMAGE OCCURRED: LAT: _____ LONG: _____	GENERIC LOCATION		
	ACTUAL STREET ADDRESS		
	CITY/ZIP		
MAILING ADDRESS IF DIFFERENT THAN PHYSICAL ADDRESS:	STREET ADDRESS / P. O. BOX		
	CITY/STATE/ZIP		

 **USE PART 2 (other side) FOR DESCRIPTION OF DAMAGE OR LOSS**

EOC 149 - DAMAGE REPORT - PUBLIC FACILITIES (Revised April 15, 2009)



