

Vernon County Emergency Management Detailed Business Damage Assessment

Section I. Business Information						
Name:	Mailing Address	City	State	Zip Code		
Township, City, or Village of Residence	Evening Phone	Daytime Phone	Check One <input type="checkbox"/> RENT <input type="checkbox"/> OWN			
SECTION II. Property Owner/Landlord Information (IF DIFFERENT THAN OCCUPANT)						
Name	Mailing Address	City	State	Zip	Home Phone	Work Phone
Section III. Habitability/Displacement Information						
Habitability	Displacement		Disposition			
Is the facility habitable (safe and sanitary)? <input type="checkbox"/> YES (Skip this section) <input type="checkbox"/> NO (Complete this section) <small>Key Criteria: <u>SAFE AND SANITARY</u> Guidelines: Are conditions livable? Has disaster interrupted utility services such as water, sewer, power, heat/AC? Is the structure stable? Are there other circumstances that make it unsafe or unsanitary to continue living there?</small>	_____ Number of workers displaced _____ Number of days workers expect to remain displaced		REFERRED TO: 			
Temporary Street Address, City, State, Zip		Temporary Phone Number				
Section IV. Business Property Losses						
\$ Estimated <u>Uninsured</u> Business Property Loss		Narrative Description				
\$ Estimated <u>Insured</u> Business Property Loss		Narrative Description				
\$ <u>Unknown if insured</u> Business property loss		Narrative Description				
Section V. Business Damage						
TYPE OF DAMAGE	ESTIMATE \$ AMOUNT "USE BEST GUESS"			INSURED?		NARRATIVE DESCRIPTION OF DAMAGE
	Yes	No	Unknown	Yes	No	
Structural Damage to Building (exterior and interior)						
Furnace/Air Conditioner						
Water Heater						
Sewer/Septic System						
Water Utility/Well						
Clean/Sanitize Expense						
Replace Carpeting/Flooring						
Access to Business (driveway/bridge, ramp, etc)						
Inventory						
<u>PLEASE COMPLETE THIS FORM AS SOON AS POSSIBLE, AND FORWARDS TO VERNON COUNTY EMERGENCY MANAGEMENT DURING NORMAL BUSINESS HOURS.</u> <i>If you need more writing space, please staple or clip an additional sheet of paper to this form.</i>						