				SHEET		_OF	SHEETS	
			IERGENCY MANAGEMENT AGENCY		DA	TE		
PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE								
COUN	TV	NAME OF APPLICANT	PART I — APPLICANT INFORMATION NAME OF LOCAL CONTACT			ONE NO.		
COUN	I T		NAME OF LOCAL CONTACT			ONE NO.		
			PART II — SITE INFORMATION					
KEY F	OR DAMAG	E CATEGORY (Use appropriate letters in						
a. DEBRIS REMOVAL d. WATER CONTROL FACILITIES g. OTHER (Parks, Recreational Facilities, etc.)								
		MEASURES	e. PUBLIC BUILDINGS	g. e (1 a		, i ucililics, cici)		
c. RO	ADS AND B	RIDGES	f. PUBLIC UTILITIES					
SITE	CATE-	LOCATION (Use map location, address	etc.)					
NO.	GORY							
DEOO								
DESCRIPTION OF DAMAGE								
IMPAC	CT:			% COMPLETE	COST	T ESTIMATE		
SITE	CATE-	LOCATION (Use map location, address.	ata)					
NO.	GORY	LOCATION (Use map tocation, dataress	<i>etc.)</i>					
DESC	RIPTION OF	DAMAGE						
IMPAC	<u>.</u>			% COMPLETE	0001	TESTIMATE		
IMPAC	<i>i</i> :			% COMPLETE	COST	ESTIMATE		
SITE CATE- LOCATION (Use map location, address, etc.)								
NO.	GORY							
DESCRIPTION OF DAMAGE								
IMPAC	T:			% COMPLETE	COST	T ESTIMATE		
	-							
SITE NO.	CATE- GORY	LOCATION (Use map location, address)	, etc.)					
110.	CONT							
DESCI	RIPTION OF							
DLGO		DAWAGE						
IMPACT: % COMPLETE						COST ESTIMATE		
	OF INSPEC	TOD	AGENCY	OFFICE PHONE NO.		HOME PHONE	NO	
NAME	OF INSPEC	TOR	AGENCI	OFFICE PHONE NO.			NO.	

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