

## INDIANA DEPARTMENT OF HOMELAND SECURITY FLOOD DAMAGE QUESTIONNAIRE

Date:	County:		City/Town:
Type of dwelling: (	) House, ( ) Apt., (	) Mobile Home, ( )	Business
Name:		Pho	one #
Address:			
( ) OWN ( )	RENT, Renters please gi	ve property owner inf	formation:
Name:		P	hone #:
Address :			City:
	tructed of: ( ) wood; (	) brick; ( ) siding; (	)
Do you have a: (	) basement; ( ) crawlspa	ace; ( ) Concrete sla	b; ( ) Other:
Did damage occur Was the source of	in the basement? at the first floor level? flooding sewer backup? er in basement:	······································	) YES ( ) NO
Is your basement E	ssential Living Space?	(	) Yes ( ) NO
Depth of flood water	er in first floor level:		
Was there any dam	rels does your home have nage to your foundation? . ent	(	
Was there damage If yes, what was da	to your personal property amaged?	? (	) YES ( ) NO
Do you have home	owners insurance?		) YES ( ) NO
If yes, what is the Is your home in a condition of the Is you have Flood	company name? designated floodplain? (	) YES ( ) NO ) NO Policy date: _	) 1L3 ( ) NO
Additional informat	ion or directions to damag	ged property:	
		20 C 000 M t <del>d</del>	

THIS FORM IS <u>NOT</u> AN APPLICATION FOR ANY ASSISTANCE PROGRAM
Be sure to consult your Local Permitting Official *before* you start any *repairs!* 

Revised 8/22/07 Please return this form to your Local Emergency Management Agency Office