

Richland County Emergency Management Detailed Business Damage Assessment

Section I. Occupant Information						
Last Name	First Name	M.I.	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 occupants displaced _____ Number of days occupants expect to remain displaced	REFERRED TO:				
Temporary Street Address, City, State, Zip _____ Temporary Phone Number _____						
Section IV. Business Property Losses						
\$ Estimated <u>Uninsured</u> Personal Property Loss		Narrative Description				
\$ Estimated <u>Insured</u> Personal Property Loss		Narrative Description				
\$ <u>Unknown if insured</u> personal property loss		Narrative Description				
Section V. Business Damage						
TYPE OF DAMAGE	ESTIMATE \$ AMOUNT			INSURED?		NARRATIVE DESCRIPTION OF DAMAGE
	"USE BEST GUESS"			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						
Access to Business (driveway/bridge, ramp, etc)						
Other						
<u>PLEASE COMPLETE THIS FORM AS SOON AS POSSIBLE, AND FORWARDS TO RICHLAND 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>						