



Incident Name _____

Name _____

Address _____

Phone _____ **email:** _____

Home owner _____ **Renter** _____ **Landlord** _____

Home Owners Insurance Yes _____ No _____ *If yes, please communicate with your homeowners insurance.*

Sewer backup coverage included in Homeowners Insurance Yes _____ No _____

Flood Insurance Yes _____ No _____ *If flooded please communicate with your flood insurance.*

Type of House:

Single Story _____ Two Story _____ Bi-Level _____ Mobile Home _____ Other _____ Basement Yes _____ No _____

Please describe any property damage:

Please check items effected

<input type="checkbox"/>	Furnace	<input type="checkbox"/>	Washer	<input type="checkbox"/>	Stove
<input type="checkbox"/>	Hot Water Tank	<input type="checkbox"/>	Dryer	<input type="checkbox"/>	Refrigerator

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Drywall	<input type="checkbox"/>	Paneling	<input type="checkbox"/>	Fuse Box
<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Walls	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	

Water Levels:

Basement Water Level ___ft. ___in. 1st Floor Water Level ___ft. ___in.

Would you like Volunteer Assistance with clean up if available? Yes_____ No_____

<input type="checkbox"/>	Clearing Debris	<input type="checkbox"/>	Mucking out Basements	<input type="checkbox"/>	Other
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Please describe Other _____

Notes: _____

Report Taken by _____

Date & Time of Report

Date:	Time:
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Tuscarawas County
Emergency Management

EMA Office: 330-308-6670