

CITY OF CONNERSVILLE & FAYETTE COUNTY
STORM DAMAGE REPORT



CONTACT INFORMATION

NAME: ADDRESS:
City: STATE: ZIP CODE
PHONE NUMBER:
EMAIL ADDRESS:

What type of structure or property are you reporting?

Residential: Single Family Multifamily Commercial Business Residential Business Mobile Home Property Farmland Farm Other-If other, please explain below.

TYPE OF DAMAGE: Residential Structure Damage Mobile Home Damage Roof Damage (e.g., shingles, metal roof etc.) Structure Damage Barn Damage Silo Damage Farm Equipment Damage Tree Damage Crop Damage Trailer Damage Vehicle Damage.

OWNERSHIP: Do you own, lease, or rent?

Own Lease Rent

IS YOUR PROPERTY COVERED BY INSURANCE?

YES NO UNKNOWN Insurance Company:

Insurance Company's Agent Name: Phone Number:

I agree to have a damage assessment conducted on the property reported above by a representative of Fayette County Department of Homeland Security & Emergency Management, Indiana Department of Homeland Security, The Department of Homeland Security, FEMA, and/or the National Weather Service? Damage Assessments include drawings, maps, photographs, and other documentation as necessary to document storm damage. I am authorized to sign below.

I agree to have a damage assessment conducted on the property listed above.

Electronic Signature: Date:

Please Mail or Email this form to:

FAYETTE COUNTY DEPARTMENT OF HOMELAND SECURITY & EMERGENCY MANAGEMENT

111 W. 4th Street, Second Floor, Box 2 | Connorsville, IN 47331

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