

Charles Mix County IA Assessment Form

Event: Fall Flooding

Date : _____

Name: Home / Business

Address: Rent / Own

Phone:

Primary Home: Yes / No

Briefly describe flood damage:

Flood water in home: Yes / No

Amount in inches:

Level affected: Basement / Main / Upper

If Basement, what rooms?

Is home inaccessible due to flood waters? Yes / No

Is family displaced: Yes / No

If yes, do they have a place to stay until repaired? Hotel / Family / Other: _____

Homeowner / Renter Insurance: Yes / No

Flood Insurance: Yes / No

Pictures Attached: Yes / No

Other info / details:

Office Use: Classification: Affected / Minor / Major / Destroyed

Please scan and email to mkotab@charlesmixcounty.org