

**ANC 5C COMMUNITY
DAMAGE AND LOSS FORM FOR THE FLOOD OF 2001**

Name:	
Mailing Address:	
Property Address:	
Fax Number:	
Phone Number:	

1. Status of Utilities

Please indicate whether each of the following utility services are working or not working at your home because of the flood [CHECK ONE ANSWER FOR EACH]:

	Working	Not Working
a. Gas service	[]	[]
b. Water/sewer service	[]	[]
c. Telephone service	[]	[]
d. Electrical service	[]	[]

2. Sewage Back-up

In addition to flood water, did your household's drains or toilets experience sewage back-up?

[] Yes [] No

3. Date(s) on Which Damage Occurred

On which of the following days did your home flood with water and/or sewage? CHECK ALL THAT APPLY.]

[] Friday, August 10 [] Saturday, August 11

4. How Flood Water/Sewage Entered Your Home

Please indicated how the flood water and/or sewage entered your home. [CHECK ALL THAT APPLY.]

- | | |
|--|---|
| <input type="checkbox"/> Basement back door
<input type="checkbox"/> English basement front door
<input type="checkbox"/> Window(s)
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Floor drains
<input type="checkbox"/> Toilet
<input type="checkbox"/> Bathtub or shower drains |
|--|---|

4. Purchase of Cleaning Supplies

If you purchased cleaning supplies in response to the flood/sewage backup, please indicate what you purchased, and how much you spent:

PLEASE TURN OVER PAGE

