

HURRICANE IRENE DAMAGE INFORMATION FORM

Date: _____

Name: _____

Address: _____

Phone (home): _____

(cell) _____

(work) _____

Did you contact your insurance company? YES / NO
If not, you must do so as soon as possible.

If yes, do you have coverage? YES / NO

Have you taken pictures and/or video of damages? YES / NO

Can you forward pictures to the Mayor's office electronically? YES / NO

Are you keeping track of your expenses? YES / NO

Are there any current health issues related to the storm damage? YES / NO
If yes, please forward concerns to us below.

Do you need damaged items removed from your property? YES / NO

Please include any additional information below:
