

FEDERAL EMERGENCY MANAGEMENT AGENCY PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE			DATE 10-4-22	
PART I — APPLICANT INFORMATION				
COUNTY	NAME OF APPLICANT		NAME OF LOCAL CONTACT BILL GAYLORD	PHONE NO.
PART II — SITE INFORMATION				
KEY FOR DAMAGE CATEGORY <i>(Use appropriate letters in the "category" blocks below)</i>				
a. DEBRIS REMOVAL		d. WATER CONTROL FACILITIES		g. OTHER <i>(Parks, Recreational Facilities, etc.)</i>
b. PROTECTIVE MEASURES		e. PUBLIC BUILDINGS		
c. ROADS AND BRIDGES		f. PUBLIC UTILITIES		
SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i> CALOOSA m.S.		
DESCRIPTION OF DAMAGE				
FSS 119.071*				
IMPACT:			% COMPLETE	COST ESTIMATE
SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE				
IMPACT:			% COMPLETE	COST ESTIMATE
SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE				
IMPACT:			% COMPLETE	COST ESTIMATE
SITE NO.	CATE-GORY	LOCATION <i>(Use map location, address, etc.)</i>		
DESCRIPTION OF DAMAGE				
IMPACT:			% COMPLETE	COST ESTIMATE
NAME OF INSPECTOR		AGENCY	OFFICE PHONE NO.	HOME PHONE NO.