

Upper Dublin Township Damage Report Form

Are there Safety Concerns (gas, electric, fire, etc...)? **CALL 911**

Name: _____ Contact Phone: _____ Contact Email: _____
Address: _____ Date of Damage: _____

Type of Damage: _____ (1) Private _____ (2) Public Buildings/Infrastructure (culverts/bridges, etc...) _____ (3) Public Equipment

(1) Private Damage: _____ **Residential** _____ **Commercial**

Class Affected Class Affected Class Minor Class Major
_____ Exterior _____ Below 1st Floor (basement) _____ 1st Floor, but below electric outlets _____ 1st Floor above electric outlets

Description of Damage: _____
Approximate \$ value of damage if known: _____

(2) Public Buildings/Infrastructure Damage:

Location of Damage: _____
Description of Damage: _____

Action Required:
_____ Clean Up _____ Minor Repair _____ Major Reconstruction
Approximate \$ value of damage if known: _____

(3) Public Equipment Damage (Portable such as vehicles, phones, generators, etc...):

Description of Equipment including User (ie: John Smith's AT &T cell phone # 999-999-9999):

Description of Damage: _____
Approximate \$ value of damage if known: _____

Other Comments:

