

Property Damage Assessment Report



Personal Information

Name:		Date:	
Property Address:		Phone Number:	

Type of Property

<input type="radio"/>	Single Family	<input type="radio"/>	Apartment
<input type="radio"/>	Semi-Detached	<input type="radio"/>	Condominium
<input type="radio"/>	Multi-Family	<input type="radio"/>	Town House
<input type="radio"/>	Mobile Home	<input type="radio"/>	Coop Housing

Ownership Type

<input type="radio"/>	Property Owner	<input type="radio"/>	Rent	<input type="radio"/>	Temporary Lease
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Property Damage/s (Check all that apply)

<input type="radio"/>	HVAC	<input type="radio"/>	Solar Panel/s
<input type="radio"/>	Fence	<input type="radio"/>	Soil Foundation
<input type="radio"/>	Electricity	<input type="radio"/>	Furnace
<input type="radio"/>	Major appliances	<input type="radio"/>	Roof/Basement/Attic
<input type="radio"/>	Sewer	<input type="radio"/>	Other (Please Specify):

Source of Property Damage/s

<input type="radio"/>	Flooding	<input type="radio"/>	Animal/Pest Infestation
<input type="radio"/>	Hurricane/Tornado	<input type="radio"/>	Sewer Leakage
<input type="radio"/>	Rainwater Leakage	<input type="radio"/>	Fire

Other (Please Specify):

Severity of Damage

<input type="radio"/>	Partly Destroyed	<input type="radio"/>	Mostly Destroyed	<input type="radio"/>	Totally Destroyed (Uninhabitable)
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Damage Estimate Costs

Other Notes/Comments

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Person In Charge Of Taking Report:

Name and Signature of Property Owner:

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CO Houle



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