BUSINESS LOSSES INITIAL DAMAGE ASSESSMENT INFORMATION

The information requested on this form is needed by the Skagit County Department of Emergency Management (DEM) to include your private property damage in the County's initial damage assessment. Please complete as much of the form as possible. When complete, please email form via email to: DEM@co.skagit.wa.us.

Collection of this information is time sensitive.

This form does not automatically qualify you for any cash or other assistance payments but without this information your business property and the County may not qualify for any assistance.

Jurisdiction:	Skagit County					
Incident Type (ie Wind	d Storm, Flooding,	etc. <u>):</u>				
Date of Damage:	From		То			
Business Owner's Fire	st and Last Name:					
Business Name:						
Business Address:						
City:						
Owner or Leaser:						
Was business closed	due to disaster:		_yes		no	
If yes, how	many days:					
Insurance Type:			_			
Business Continuity In	nsurance:	yes		no		
Insurance Deductible:	\$		or		%	
Estimated Pre-Disaste	er Fair Market Valu	e of the Prop	erty:			
Estimated Structural L	oss in Dollars, Bes	st Guess:				
(Do not wait for an ins	surance estimator o	or contractor's	estimate)			
Estimated business fu	urnishing / inventory	y loss in dolla	rs:	\$		
Damage Category:			_			
Destroyed: Total Loss Major: Significant or Minor: Conditional us Affected: Business sp	structural damage g se, repairable in les	greater than t s than 30 day	50% of valu /s, few \$100		•	
Brief description of the and any access proble	_		on the dam	age to the	e structure and co	ontents
Contact Information:						
Current Address (if di	fferent from above)	:				
*Current telephone nu	ımber:					
E-mail address:						