

**LINCOLN COUNTY EMERGENCY MANAGEMENT
DAMAGE ASSESSMENT FORM
ELSBERRY, MISSOURI FLOODING JULY 26-27, 2025**

RESIDENCE or BUSINESS
(Circle one)

ADDRESS:

BUSINESS NAME:

RESIDENT CONTACT INFORMATION *(Circle one)* :

TENANT or PROPERTY OWNER

NAME (First Last):

PHONE #:

NAME (First Last):

PHONE #:

LANDLORD CONTACT INFORMATION *(If not Resident)* :

NAME (First Last):

PHONE #:

DOES THE RESIDENCE/BUSINESS HAVE INSURANCE? *(Circle one)* :

YES

or

NO

**FIRST FLOOR - DID WATER RISE ABOVE ELECTRICAL OUTLETS
OR 14+ INCHES HIGH?** *(Circle one)* :

YES

or

NO

**BASEMENT - DID WATER RISE ABOVE THE BREAKER BOX OR 6+
FEET HIGH?** *(Circle one)* :

YES

or

NO

WAS ANYONE INJURED DURING THE INCIDENT? *(Circle one)* :

YES

or

NO

IS THE HVAC SYSTEM OPERATIONAL? *(Circle one)* :

YES

or

NO

ESTIMATED COST OF DAMAGES:

\$

DATE & TIME OF REPORT:

DATE

/

/

TIME:

:

AM / PM