

Muskingum County Emergency Management Agency

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MUSKINGUM COUNTY DAMAGE REPORT FORM

NAME:

DATE:

ADDRESS:

CITY:

TOWNSHIP:

PHONE NUMBER:

HOME:

MOBILE:

OWN OR RENT HOME:

(If rented who are owner and their contact info.)

ISURANCE FOR HOME: YES NO AMOUNT OF DEDUCTIBLE:

DAMAGE TO HOME:

IS HOME HABITABLE: YES NO

NUMBER OF PERSONS LIVING IN HOME: ADULT:

CHILDREN: