

Storm Damage Survey for Businesses

Storm _____ (*Henri or Ida*)

Municipality _____ County _____

Business Name _____ Street _____

Contact person _____ Title _____

Tel _____ Cell _____ Fax _____ Email _____

Type of Business

- Retail Service
 Restaurant Other _____

Number of full-time employees _____ Number of part-time employees _____

Please list dates, times your business was (or will be) closed due to the event

Do you have business interruption insurance? Yes ___ No ___

Estimated loss in revenue due to storm closure, i/e. loss of customers etc. (please explain how you arrived at the estimate)

Description of inventory	Estimated replacement value (<i>less anticipated insurance coverage</i>)

Physical damages	
Description of Damage	Estimated cost to repair (less anticipated insurance coverage)

If you have documented your damage with photos, please include a copy with this form. *Please return completed form to your **Town's Emergency Management Director***