

**Milwaukee County Emergency Management  
DAMAGE ASSESSMENT  
Damage to Private Property**

DATE(S) OF OCCURRENCE: \_\_\_\_\_

TYPE OF OCCURRENCE: [ ] FLOOD [ ] SVR STORM [ ] SEWER BACKUP  
[ ] OTHER \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ OWN OR RENT: \_\_\_\_\_

DESCRIBE PROPERTY DAMAGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ESTIMATE OF DAMAGE LOSS (in dollars): \_\_\_\_\_

PERCENT OF LOSS COVERED BY YOUR INSURANCE: \_\_\_\_\_

HABITABLE (YES/NO): \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail or fax this form to:

**Milwaukee County Office of the Sheriff  
Emergency Management Bureau  
821 West State Street, Room 304  
Milwaukee, WI 53233  
Fax: 414-223-1265**

DO NOT WRITE BELOW LINE

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Date Received: \_\_\_\_\_ Category: [ ] Major [ ] Minor [ ] Destroyed

Data Entry By: \_\_\_\_\_ Assessment by: [ ] Municipal PDA [ ] Private Onsite