

FEMA GRANT INFORMATION

RESIDENCES:

Year of Occurrence: _____

Year Built: _____

Building Owner: _____

Street Address: _____

City: _____

Zip Code: _____

Depth of Flooding in Structure: _____

Cost Incurred due to Displacement: _____

Dollar Value of Structure Damage: _____

Dollar Value of Content Damage: _____

Cost Incurred due to Inability to Work: _____

Other costs (please specify): _____

ATTACH ANY DOCUMENTATION YOU HAVE TO SUPPORT YOUR CLAIM. PHOTOS AND OTHER DOCUMENTATION MUST BE IN COLOR TO THE EXTENT POSSIBLE.

PLEASE FILL OUT ONE OF THESE FORMS FOR EACH FLOODING EVENT THAT HAS OCCURRED AT YOUR LOCATION. FORMS MUST BE RETURNED TO CITY HALL NO LATER THAN THURSDAY, FEBRUARY 15TH AT 4:00 P.M. THEY CAN BE DROPPED OFF AT CITY HALL AT 1008 CIVIC COURT, EMAILED TO CITYRECORDER@TOWNOFPLEASANTVIEW.COM OR FAXED TO 615-746-0699.

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BUSINESSES:

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Year Built: _____

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Street Address: _____

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