

**VILLAGE OF FRANKLIN PARK  
DAMAGE INFORMATION FORM 04/2013**

Date of occurrence: \_\_\_\_\_ Nature of event: \_\_\_\_\_  
(flood, sewer backup, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: **Franklin Park, IL 60131**

Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**DWELLING INFORMATION**

*(Indicate Single Family, Multi Family, For Business, choose B)*

SF      MF      B                      OWN                      RENT

**WATER LEVELS BY SPECIFIC AREA**

*(Indicate depth in feet and inches. If no water, record 0. If no basement, record NA)*

DEPTH-BSMNT \_\_\_\_ Ft \_\_\_\_ In              DEPTH-1<sup>ST</sup> FLR \_\_\_\_ Ft \_\_\_\_ In

DEPTH-BSMNT/LA (living area) \_\_\_\_ Ft \_\_\_\_ In

**INSURANCE INFORMATION**

*(For no insurance, record No. Home Owners, record H. Renters insurance, record R. Flood insurance, record F. Unknown, record UNK.)*

YES      NO                      H      R      F      UNK

INSURANCE CLAIM FILED    YES              NO

INSURANCE CLAIM STATUS    Approved      Denied      Pending

STRUCTURAL DAMAGE    YES              NO

COMMENTS: