

Damage Estimate Query

Please complete this form to provide the estimated costs to your facility related to this event.

Your associated costs will be included in meeting the federal disaster declaration threshold so it is very important that you complete this form.

Please complete this form even if you have no associated costs.

If you have any questions while completing this form please contact CMOC at 713-884-4408.

Facility and Contact Information

Facility Name *

Choose from...

County *

Choose from...

Name of Person Completing this Report *

Phone Number of Person Completing this Report *

Cost Estimates

1. Estimated cost of facility infrastructure damage in \$. Include building damage, structure damage, etc.. *

\$ 1.23

2. Estimated cost of equipment loss in \$ (ie: CT flooded, loss of other supplies/equipment) *

\$	1.23
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3. Estimated cost for increased staffing in \$. Do not include cost of staff that would normally be there. *

\$	1.23
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4. Estimated cost of business interruption in dollars *

\$	1.23
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Thank you

Save as Draft	Submit
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