REQUEST FOR PRESIDENTIAL DISASTER DECLARATION MAJOR DISASTER OR EMERGENCY

The following information is REQUIRED for ALL requests

STATE OF EMERGENCY DECLARATION INFORMATION								
Please indicate wheth	ner a State of E	Emergency Declaration has been declared for the event. If				No		
Yes, please indicate declaration date and areas of involvement below:								
Declaration Date:	Areas include	ded in the Declaration:						
•	•	ns also declared States of Emergency? If yes, please				No		
indicate which jurisdic								
Jurisdiction	Declaration [Date						
DAMACE DESCRIPTION INFORMATION								
DAMAGE DESCRIPTION INFORMATION								
Provide a description of damage as a result of the event (such as the impact the event has had on the affected area and population; disruption of normal community functions and services, including:								
Information Required			(City, County, Tribe)	Number/Description				
information Required		Location	(City, County, Tribe)	Number/ Description				
Damage to any critical fa								
have been rendered nor by the event.	n-operational							
by the event.								
Extended or widespread or water.	loss of power							
or water.								
Emergency conditions that may be present								
Health and safety hazards								
Status of repairs, and estimated completion date(s), if known.								
Preliminary Damage Ass								
findings and how and where they were conducted, including accessibility								
concerns, if additional s								
from the form.	•							

Nature and amount of State, local, or Indian tribal government resources that have been or will be used to alleviate the conditions of this disaster.									
Describe what has been done to respond to the disaster, including Actions pending or taken by the State, local, or Indian tribal governments.									
Describe any State, local or Indian tribal government Individual Assistance programs.									
	D	EATHS/INJ	URIE	S INF	ORMAT	ION			
# Deaths Location (City, County, Tribe)				escripti					
# Injuries	# Injuries Location (City, County, Tribe)		С	Description					
Describe vol		RY AGENC						sult of th	e event
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Agency	Location (City, County, Tribe)	Description of Assistance Provided

INDIVIDUAL ASSISTANCE INFORMATION

Provide detailed information on the impacted population, including percentage of insurance, percentage below poverty level, median household income, percentage of elderly, percentage of disabled, pre-disaster unemployment rates, and any other special populations. Include a comparison of the percentage of the State, local, or Indian tribal government averages and national averages. *Average of Persons Below Poverty Level**

*Median Household Income	*Percent Elderly	*Percent Disabled	*Percent Pre- Disaster Unemployment	Percent of Insurance	Percent Below Poverty Level	
National Average	National Average	National Average	National Average	National Average	National Average	
State/Tribal Average	State/Tribal Average	State/Tribal Average	State/Tribal Average	State/Tribal Average	State/Tribal Average	
List Jurisdictions Requested	List Jurisdictions Requested	List Jurisdictions Requested	List Jurisdictions Requested	List Jurisdictions Requested	List Jurisdictions Requested	