Purpose of form: This form is used by SBA's Office of Disaster Assistance only to record information collected from individuals, businesses and governm The information helps SBA to determine whether or not to issue a disaster declaration.



U. S. SMALL BUSINESS ADMINIST

Disaster Survey Worksheet

Disaster Assistance - Field Operations Center (FOC)

State		Name of Govern	Autho	orized Representative	Date of Requ	
Type and Cause of Disaster				Date(s) of occurrence		Date(s) of Si
County or Political Subdivision Surveyed			SBA Survey Team Member(s)		(s)	•
				DAMAGE SUMMAR	RY	
		erties Affected				
	Businesses / Non-Profits			Number		
	er	Nu	r	\$ Amount	Homes	
Major(s) Minor(s)					Businesses / Non-Profits	
TOTALS					TOTALS	
Comments:					<u> </u>	
FOC Recommendation FOC Director's Signature		Approve Date:	[Disapprove		
				Disapprove		

PLEASE NOTE: The estimated burden for completing this form is 5 minutes. You are not required to respond to any collection of information unless it displays a current valid OMB approval number. Comments o U.S. Small Business Administration, Chief, RMD, 409 3rd St., SW, Washington, DC 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Buildir DO NOT SEND FORMS TO OMB.

SBA Form 987 (XX-XX) Previous edition is obsolete

Field Worksheet For Individuals and Businesses Meeting 40% Uninsured L

ADDRESS	TYPE	REPLACEMENT VALUE	LOSS AMOUNT	INSURANCE AMOUNT
	-			
	-			
	-			
	-			
	_			
	-			
	-			
	-			
	_			
	-			

^{*} Types: HO=Homeowners, HR=Home Renter, MH=Manufactured Home, BO=Business (Owns Premises) BR=Business (Rents or Lease Premise), NP = Non Profit

ent officials regarding disaster related damages.	_
RATION	
	_
ırvey	
Major(s) Damage Qualifying for SBA	_
\$ Amount	
	_

in the burden should be sent to 1g, Room 10202, Washington, DC 20503. OMB Approval (3245-0136). PLEASE

UNINSURED LOSS						
AMOUNT	PERCENTAGE					
	<u> </u>					