

FLASH REPORT

NAME OF PERSON REPORTING: _____

PROPERTY

OWNER/OCCUPANT: _____

PROPERTY

ADDRESS: _____

Contact number and/or

address: _____

Type of

Disaster: _____ Date: _____

Rent _____ Own _____

Damage: Check all that apply:

Structure: _____

House _____ Mobile Home _____ Apartment _____

Business _____ Out Building _____ Barn _____

Vehicle _____ Equipment _____

Other: _____

List Damage

Sustained: _____

Service interrupted:

Electricity _____ Water _____ Gas _____

Other: _____

Insurance? YES _____ NO _____

Flood Insurance? YES _____ NO _____

For official use only:

PA _____ IA _____

Return form to:

Faulkner County Assessor

Attn: Jeff Stephens

806 Faulkner Street

Conway, AR 72034 or Fax to 501-450-4908