



Hurricane Francine Post-Storm Report

Homeowner Name: _____

Street Address: _____

City: _____ State _____ Zip: _____

FORTIFIED FEH #: _____

Enter the name of person completing this form, if not the Homeowner:

If not the Homeowner, is the person completing the form an Evaluator?

YES

NO

Please complete this brief report about the current conditions at the home and upload into the Elevation Photos section of the Evaluation.

Do you have an open claim for damages to your home resulting from Hurricane _____ ?

YES

NO

Was any portion of the roof cover (shingles, metal, tile, etc.) on your home damaged in _____ Hurricane _____ ?

Yes, the entire roof

Yes, partial roof

No

I don't know

Did you experience any roof leaks or see evidence of leaks?

NO

YES

If YES – please describe location(s) and extent:

Have any of the following been damaged in Hurricane _____ ? (check all that apply)

No damage

Attic ventilation (roof mounted vents, gable end vents or soffits)

Window and door shutter systems

Windows and doors

Garage door

I don't know*

*If you are unable to answer question 4, ask your Evaluator to help you determine the condition of these items.