

GREATER KINGSTON FLOOD VICTIM SURVEY FORM

Date of flooding incident (please fill out one form for each separate incident): _____

Address affected: _____

Damage sustained (optional): _____

Cost of remediation (optional): _____

The above information will be compiled & may be reported to officials, organizations & the press.

Name _____

Phone number _____ Email address _____

- I consent ___ to having my contact information shared & am open to having someone follow up with me about my flooding experience.
- I do not consent ___ to having my contact information shared with others.
- I would like to be part of a Flooding Committee YES NO

Signature _____