**CITY OF LEOMINSTER**
**OFFICE OF EMERGENCY MANAGEMENT**
**PRELIMINARY ASSESSMENT FORM**
**(Please print clearly)**

Damage Location: Street:_____
Leominster, MA 01453

Property Type: □ Residential □ Commercial

Home Owners Name: _____

Home Phone #: _____
Work Phone #: _____
Other Phone #: _____

Do you have insurance that covers the damage? □ Yes □ No

Damage
Description:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

What is the Total Repair Cost Estimate? $_____

I understand that neither the City of Leominster nor the Office of Emergency Management (OEM) determines eligibility for the Small Business Administration (SBA) Program or what damage will be covered and what will not be covered, that is the responsibility of the SBA. The City and OEM are serving as the conduit to collect and exchange damage information only. If Massachusetts is eligible and if you are eligible for a grant or loan through the SBA, the SBA will contact you there is no need to contact the City or OEM. I also understand that the damage to my home or business must have occurred between February 24, and 26, 2010 as a result of the winter storms that occurred in that timeframe and that my insurer has refused to pay my claim for the damages.

Signature:_____ Date: _____

Form 10-903