City of Clarksburg Flood Event Survey

Date of Flood:_____

Property Address:_____

Owner Name:_____

Owner Address:_____

Phone Number:_____

Name(s) of residents affected (If property is a rental):_____

Areas of home damaged by flooding:_____

_____

_____

_____

_____

Vehicles damaged (year, make, model):_____

_____

_____

Attach any photos of flood damage to email when submitting the survey form online. For surveys dropped off at Clarksburg City Hall, please attach photos with the survey form.

EMAIL COMPLETED FORM TO: floodsurvey@cityofclarksburgwv.com OR DROP OFF COMPLETED FORM TO CITY HALL (first floor building permit office)

OFFICE USE ONLY

RECEIVED DATE:_____ SFHA:_____ REVIEWED BY:_____