

Assessment Check List

| Parcel ID# | Damage Address | City | Zip Code | | | | | | | | | | | | | | | | | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|--------------------------|---------|-------------------|----------------|------|---------|-----------------|-----|------|---|---|---|--|--|---|--|--|---|
| EF-299-aq | 224 Hudson Ave. | Freeport | 11520 | | | | | | | | | | | | | | | | | | |
| Provide Site Signage | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>x</td> <td></td> </tr> </table> | | | Yes | No | x | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | |
| x | | | | | | | | | | | | | | | | | | | | | |
| Maintain Landscaping | <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Current condition</td> <td>Normal</td> <td>High</td> <td>Good</td> <td>Bad</td> </tr> <tr> <td>X</td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> </tr> </table> | | | Yes | No | Current condition | Normal | High | Good | Bad | X | | | x | | | | | | | |
| Yes | No | Current condition | Normal | High | Good | Bad | | | | | | | | | | | | | | | |
| X | | | x | | | | | | | | | | | | | | | | | | |
| Clean Out Debris | <table border="1"> <tr> <td>YES</td> <td>No</td> <td>Hand</td> <td>Yes</td> <td>No</td> <td>Machine</td> <td>Yes</td> <td>No</td> <td>Both</td> </tr> <tr> <td>x</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | YES | No | Hand | Yes | No | Machine | Yes | No | Both | x | x | | | | | | | |
| YES | No | Hand | Yes | No | Machine | Yes | No | Both | | | | | | | | | | | | | |
| x | x | | | | | | | | | | | | | | | | | | | | |
| Install Fencing | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>x</td> </tr> </table> | | | Yes | No | | x | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | |
| | x | | | | | | | | | | | | | | | | | | | | |
| Board Up Doors/Windows | <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Front</td> <td>Left</td> <td>Rear</td> <td>Right</td> <td>All</td> </tr> <tr> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | Yes | No | Front | Left | Rear | Right | All | | x | | | | | | | | | |
| Yes | No | Front | Left | Rear | Right | All | | | | | | | | | | | | | | | |
| | x | | | | | | | | | | | | | | | | | | | | |
| Verify Status of Utilities | <table border="1"> <tr> <td>Gas</td> <td>On</td> <td>Off</td> <td>Electric</td> <td>On</td> <td>Off</td> <td>Oil</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td>x</td> </tr> </table> | | | Gas | On | Off | Electric | On | Off | Oil | Yes | No | | | x | | | x | | | x |
| Gas | On | Off | Electric | On | Off | Oil | Yes | No | | | | | | | | | | | | | |
| | | x | | | x | | | x | | | | | | | | | | | | | |
| Miscellaneous Site Work | <table border="1"> <tr> <td>Notes:</td> <td colspan="3">N/A</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table> | | | Notes: | N/A | | | | | | | | | | | | | | | | |
| Notes: | N/A | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Remove Standing Water Drainage Issues | <table border="1"> <tr> <td>Standing Water</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> <tr> <td>Drainage Issues</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table> | | | Standing Water | Yes | No | | | X | Drainage Issues | Yes | No | | | X | | | | | | |
| Standing Water | Yes | No | | | | | | | | | | | | | | | | | | | |
| | | X | | | | | | | | | | | | | | | | | | | |
| Drainage Issues | Yes | No | | | | | | | | | | | | | | | | | | | |
| | | X | | | | | | | | | | | | | | | | | | | |
| Pest/Vermin Control | <table border="1"> <tr> <td>Roaches</td> <td>Bats</td> <td>Rats</td> <td>Other: Explain</td> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> </table> | | | Roaches | Bats | Rats | Other: Explain | NO | NO | NO | NO | | | | | | | | | | |
| Roaches | Bats | Rats | Other: Explain | | | | | | | | | | | | | | | | | | |
| NO | NO | NO | NO | | | | | | | | | | | | | | | | | | |
| Structural Integrity | <table border="1"> <tr> <td>Good</td> <td>Bad</td> <td>Demolish</td> </tr> <tr> <td></td> <td></td> <td>x</td> </tr> </table> | | | Good | Bad | Demolish | | | x | | | | | | | | | | | | |
| Good | Bad | Demolish | | | | | | | | | | | | | | | | | | | |
| | | x | | | | | | | | | | | | | | | | | | | |
| Habitual with Minor Clean up | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>X</td> </tr> </table> | | | Yes | No | | X | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | |
| | X | | | | | | | | | | | | | | | | | | | | |
| Hazardous/ Environmental Material Abatement | <table border="1"> <tr> <td>Notes:</td> <td colspan="3">None</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table> | | | Notes: | None | | | | | | | | | | | | | | | | |
| Notes: | None | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Verify Status of Bulkheads | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table> N/A | | | Yes | No | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Provide Security Personnel | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>X</td> </tr> </table> | | | Yes | No | | X | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | |
| | X | | | | | | | | | | | | | | | | | | | | |
| Notes: | <table border="1"> <tr> <td>No pest control on site.</td> </tr> </table> | | | No pest control on site. | | | | | | | | | | | | | | | | | |
| No pest control on site. | | | | | | | | | | | | | | | | | | | | | |

1 front view
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



2 street right
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



3 street left
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



4 front yard
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



5 no signs
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



6 front yard
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



7 left view
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



8 rear view
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



9 rear view
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



10 right view
Date Taken: 7/21/2014
Taken By: Brook Benvenuti



11 front fence
Date Taken: 7/21/2014
Taken By: Brook Benvenuti

