

**TOWN OF PARADISE  
PUBLIC WORKS DEPARTMENT  
CITIZEN  
STORM DAMAGE REPORT**

**Reporting Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of Damage:**    **Flooding**    \_\_\_\_\_                      **Tree Down**    \_\_\_\_\_

**Mud or Debris** \_\_\_\_\_                      **Broken Pipes** \_\_\_\_\_

**Photo Attached? YES** \_\_\_\_\_    **NO** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prepared By:** \_\_\_\_\_                                      **Reviewed:** \_\_\_\_\_

**Please Print and FAX to Town of Paradise, 877- 5059, Attn. Paul Derr**