

Assessor	Tracking Number (Office Use)			
Phone #	Job Priority	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Date				

ASSESSMENT - TEMPORARY ROOF

SOUTHERN BAPTIST DISASTER RELIEF – REGION 3

Arkansas, Texas-TBM, Texas-SBTC, Missouri, Louisiana, Oklahoma, Mississippi

ATTACH THIS FORM TO “PROPERTY OWNER REQUEST FOR ASSISTANCE”

Property Owner	
Work Location	

BUILDING DESCRIPTION

<input type="checkbox"/> Primary Home	<input type="checkbox"/> Out Building	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other
<input type="checkbox"/> Single Story	<input type="checkbox"/> Two Story	<input type="checkbox"/> Multi Level	

ROOF and DECK DESCRIPTION

<input type="checkbox"/> Wood Shingles	<input type="checkbox"/> Metal	<input type="checkbox"/> Composition	<input type="checkbox"/> Tile
<input type="checkbox"/> Roll Roofing	<input type="checkbox"/> Other		
<input type="checkbox"/> Steep (Tie off Required)	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Flat

Percentage of Shingles Missing? _____

Approximate Size of Roof to be covered? _____

Is Roof Accessible? YES NO If NO, describe Issues _____

Is Deck missing, Holes in Roof? YES NO

Trusses Damaged? YES NO

Is Roof safe for Temporary Repair? YES NO

If Roof Not Safe describe Issues _____

Plywood Needed? YES NO No. of Sheets? _____

Window Damage? YES NO How many windows? _____

HAZARDS

Electrical _____

Other _____

Dumpster Required? YES NO Dumpster On Site? Yes No

If Dumpster unavailable may debris be stacked at curb? Yes No

If Dumpster required, Homeowner is responsible for contracting for it.

Assessors Comments (Notes)	

Assessor Instructions:

1. Determine priority based on Special Needs of Owner and work Requested. (See Property Owner Request for Assistance and Assessment-Priorities document).
2. Complete “Assessment – Property Area” and attach to Assessment form.