

NUMBER ASSIGNED TO FLOOD \_\_\_\_\_

- 1) Name (*please print*): \_\_\_\_\_
- 2) Date of Flooding (*please fill in date as best you can*): \_\_ Day \_\_ Month \_\_ Year
- 3) Was flooding caused by (*check all that apply*): \_\_ Nor'easter; \_\_ Hurricane; \_\_ Storm surge;  
\_\_ Heavy precipitation storm event; \_\_ Extreme high tide; \_\_ Sea level rise; \_\_ Dune Erosion;  
\_\_ Shoreline/marsh alteration; \_\_ Wind; \_\_ Other (explain) \_\_\_\_\_
- 4) Is this location prone to recurring flooding? (*check one*) \_\_ Yes \_\_ No \_\_ Not Sure. If yes, how often,  
and under what conditions? \_\_\_\_\_
- 5) How long did flood waters remain? (*check one*) \_\_ Hours \_\_ One Day \_\_ More Than One Day
- 6) How were you or the community impacted by the flood? (*check all that apply and explain*)

- \_\_ Damage to home, buildings, or structures \_\_\_\_\_
- \_\_ Dune erosion \_\_\_\_\_
- \_\_ Loss of power \_\_\_\_\_
- \_\_ Disruption or contamination of water supply \_\_\_\_\_
- \_\_ Damage to septic system \_\_\_\_\_
- \_\_ Roads inaccessible \_\_\_\_\_
- \_\_ Lost wages/business \_\_\_\_\_
- \_\_ Habitat damage \_\_\_\_\_
- \_\_ Other (specify) \_\_\_\_\_

*If needed, please continue remarks on the back →*

NUMBER ASSIGNED TO WILDFIRE \_\_\_\_\_

1) Name (*please print*): \_\_\_\_\_

2) Date of Wildfire (*please fill in date as best you can*): \_\_ Day \_\_ Month \_\_ Year

3) Do you know how the fire started? (*check one*) \_\_ Yes \_\_ No \_\_ Not Sure. If yes, please describe:

\_\_\_\_\_

4) How long did the wildfire last? (*check one*) \_\_ Hours \_\_ One Day \_\_ More Than One Day

5) To the best of your knowledge, who responded to the fire? \_\_\_\_\_

6) How were you or the community impacted by the wildfire? (*check all that apply and explain*)

\_\_ Health issues \_\_\_\_\_

\_\_ Damage to home, buildings, or structures \_\_\_\_\_

\_\_ Damage to yard/garden \_\_\_\_\_

\_\_ Loss of utilities \_\_\_\_\_

\_\_ Roads inaccessible \_\_\_\_\_

\_\_ Lost wages/business \_\_\_\_\_

\_\_ Damage to habitat \_\_\_\_\_

\_\_ Other (specify) \_\_\_\_\_

*If needed, please continue remarks on the back →*

## Heat Questionnaire

Please help us determine if extreme temperatures pose risks to the Slaughter Beach community. Please fill out the answers to the best of your ability.

- 1) Name (please print): \_\_\_\_\_
- 2) Have you or anyone you know been impacted by excessive heat in Slaughter Beach?  Yes  No  
If yes, then how? Please check all that apply:  
 Health issues (new or existing) \_\_\_\_\_  
 Damage to property or roads \_\_\_\_\_  
 Loss of power \_\_\_\_\_  
 Lost wages/business \_\_\_\_\_  
 Damage to natural habitat \_\_\_\_\_  
 Reduced time spent outdoors \_\_\_\_\_  
 Other (specify) \_\_\_\_\_
- 3) Do you have access to air conditioning in Slaughter Beach?  Yes  No
- 4) Do you have a plan in place if you were to lose power in Slaughter Beach for an extended period of time?  Yes  No If yes, please explain your emergency contingency plan: \_\_\_\_\_

---

*If needed, please continue remarks on the back →*