

## Christian Disaster Relief



## **Property Owner Job Order Approval**

Disaster Location:									Job no			
Date:	ate: Priority					2	3	4	5 (Highes	it)		
Date of contact:			_ Initial Interview by:								-	
Property owners nai	me:											_
Address:				_ City:								-
State/Prov: Zi	p/Postal	Code: _	Home P	h:		Bu	s:		Cell:			_
Rental property?	Y N	Cove	red by insurance?	Υ	N	Does o	wner ne	ed to be	e present?	Υ	N	
Power available?	+		er available?	Υ			n proper		·		N	_
Number of men req.: Equipment required:  Special instructions:												
Assessed by:		Da	ate:				Time:			_		
Comments:												
Location of septic ta	nk, pow	er, water	· sources, identified	hazaı	rds:							
CHRISTIAN DISASTER RELIEF THAT MAY OCCUR ON MY PF AND MATERIAL RESOURCES	ROPERTY DU	JRING ABOV	/E NOTED OPERATIONS. I U	UNDERS	TAND THA	T CHRISTIAN	N DISASTER	RELIEF HA	AS LIMITED VOLUM	NTEERS,	FINANCES	RTY S
Date.												
Print Property Owner's Name:						Signa	iture:					
Completed by: (Team Leader)					Date: Man Hou				urs:			