SAN JUAN COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT

ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

Accurate reponses to the questions below will assist in evaluating a request for an econmic injury disaster declaration from the US Small Business Administration.

INSTRUCTIONS: Please complete this form, and print a copy for your records. You may then fax to 360-378-7125, attention **DEM**:

Name of Business:	:		Type of Business:		
Owner Details		Business Owner Mailing Address			
Last Name		Address 1			
First Name		Address 2			
Work Phone:		City	9	State	Zip Code
Home Phone:		Street Address of Affected Business Same as Above			
Email:		Address 1			
Property Owner:		Address 2			
Date	es of Damage	City		State	Zip Code
What were you	re your businesses' revenues during the of business interruption insurar	records to ensurering the affected of at SAME period of accernice received or an	damage period? of the prior year?	ely as possible	
How many people did you employ prior to disaste If you business also suffered property damage, ple Estimated dollar loss to: Real Property (Buil		se answer the foll	complete this form. If San Juan County does qualify for SBA assistance, applicants will be notified and additional requests info and supporting documenta		ank you for taking the time to mplete this form. If San Juan unty does qualify for SBA
					notified and additional requests for info and supporting documentation
Date Fo	orm Completed:				