



# Severe Rain & Flood Event Data Collection Form

The Village of Oak Park  
Public Health Department  
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## GENERAL INFORMATION

**July 23 - 24, 2010**

Name \_\_\_\_\_ Length of time at this address \_\_\_\_\_ Event Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

## DAMAGE DETAILS

Was the water on your property from:	Sewer back-up from basement floor drain?	Yes	No
	Ground water from sump pump pit?	Yes	No
	If so: Did your sump pump fail?	Yes	No
	<u>OR</u> Was your sump pump able to keep up with the flow?	Yes	No

Did you get surface water from flooding in your yard? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how did it get in the house (circle all that apply)?

Window Well	Basement Door	First Floor Door	Garage Door	Patio Door
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Other (please specify): \_\_\_\_\_

Was your yard flooded? North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ None \_\_\_\_\_

Was your street flooded? Yes \_\_\_\_\_ No \_\_\_\_\_

If corner house, which street? Front \_\_\_\_\_ Side \_\_\_\_\_

Have you ever had floodwater in your home before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date(s): \_\_\_\_\_

What occurred: \_\_\_\_\_

What floor(s) were flooded? \_\_\_\_\_ Basement \_\_\_\_\_ Depth of Water \_\_\_\_\_

\_\_\_\_\_ Garage \_\_\_\_\_ Depth of Water \_\_\_\_\_

\_\_\_\_\_ First Floor \_\_\_\_\_ Depth of Water \_\_\_\_\_

Do you have (circle all that apply):	Homeowner's Insurance	Renter's Insurance	Flood Insurance
	Sewer Back-up Insurance	Sump Pump Insurance	

Do you have pictures or other documentation of the flooding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we contact you to get copies? Yes \_\_\_\_\_ No \_\_\_\_\_

