Calumet County Mitigation Planning
Event Feedback Form

Name: _____ Phone: (___) _____
Address: _____
Email: _____ Ticket No. _____

Years I have lived in Calumet County: _____

Contact me for follow up: ____ Yes ____ No thanks

Type of event (circle one):

Flooding	Hail	Wind	Tornado
Ice	Snow	Power Outage	Other

Year(s)/date(s) of event: _____
How often does this type of event happen (circle one): Once; Sometimes; Frequently
Severity of event (1= Low, 10= High): _____

Describe the event in the space below (continue on back of this page if needed):

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