

NO DAMAGE CERTIFICATION FORM
DR-1984-SD

APPLICANT NAME: _____

APPLICANT CONTACT: _____

COUNTY: _____

THE APPLICANT STATED ON: _____, 2011

Please check one of the following:

_____ THERE WERE NO DISASTER-RELATED DAMAGES WITHIN HIS/HER
JURISDICTION

AND/OR

_____ DISASTER-RELATED DAMAGES WERE LESS THAN THE \$1,000
MINIMUM REQUIREMENT WITHIN HIS/HER JURISDICTION

Name and Title

Signature of Applicant