



**Clay County Emergency Management**  
**Irma Recovery Questionnaire**

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.BMHF  
PO Box 1366  
Green Cove Springs, FL  
32043

**Name:**

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1BMHF  
2519 State Road 16 West  
Green Cove Springs, FL  
32043

**Physical address:**

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Phone: 904-284-7703  
Fax: 904-529-2273

**Phone number:**

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County Manager  
S.C. Kopelousos

**Email address:**

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Commissioners:

**Address of property damage or loss:**

Mike Cella  
District 1

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Wayne Bolla  
District 2

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Diane Hutchings District 3

**Have you completed an insurance claim? (Please circle one)**

**(Yes / No)**

Gavin Rollins  
District 4

**Have you completed a FEMA claim? (Please circle one)**

**(Yes / No)**

Gayward F. Hendry  
District 5

**Did you receive a letter stating that your home had received substantial damage? (Please circle one)**

**(Yes / No)**

[www.claycountygov.com](http://www.claycountygov.com)

**Have you rebuilt, or begun rebuilding your home? (Please circle one)**

**(Yes / No)**

**When and if it becomes available, are you interested in applying for a flood mitigation grant which could potentially assist you in the cost of elevation? Please keep in mind, the homeowner is responsible for 25% of the costs under this program.**

**(Yes / No)**

**When and if the program becomes available, are you interested in applying for a flood mitigation grant which could potentially fund the acquisition of your property on behalf of the National Flood Insurance Program? This program provides funds to purchase selected severe repetitive homes at the current market value.**

**(Yes / No)**

**Do you have any unmet needs? i.e. needed repairs that have not been completed, assistance in obtaining food or assistance with finding a job due to a lay-off. (All unmet needs must be directly attributed to Hurricane Irma).**

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