## **REQUEST FOR ESTABLISHMENT OF AN EWP DRAWING ACCOUNT**

State:	Date of Request:		Date of Event:
Contact E-mail:		Contact FAX #:	
Name of Event:		Type of Event:	
Location (County, Parish, Other) of Impair			Cong Dist:
Description of Da	amages:		Est. of Damages: \$
Number of Sites Investigated:		Number of DSR's Prepared:	
Type of Work Planned & No. of Each Type:			
Number of Sites	to be Repaired <u>1</u> /:	Total Const \$	ruction Cost for all Sites:
Total Financial Assistance Needed: \$		Total Technical Assistance Needed:	
Number of Perso	ns Impacted:	Number of Buildings Impacted:	
Number of Utilities Needing Protection:		Number of Roads Needing Protection:	
REMARKS:   I certify that the above information is correct, represents all eligible needs, and certifies the			
sponsors' willingness to contribute the required costs share. I request \$ FA and \$ TA to cover the cost for emergency work during the remainder of this fiscal year.			

Project Number Assigned:

Date

State Conservationist <u>1</u>/ Attach the Summary Page of Each DSR