# SHELTER FACILITY CLOSING INSPECTION

Shelter Closing Date:_____

Facility Name: _____ Address: _____

Person Completing Inspection: _____ Date of Inspection:_____

Facility Representative: _____

Phone:_____ Email: _____

Document all damage that occurred during sheltering operations below and in photographs.

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Print name of person completing the inspection:_____ Date: _____

Signature of person completing the inspection:_____

Print name of facility representative: _____ Date: _____

Signature of facility representative: _____