ASSET INVENTORY WORKSHEET 2A	**Date Completed:**	
Which Agency are you representing?		
Name:	**Title:**	
Email:	**Telephone #:**	
Address:	**City:**	**ZIP:**

Task A: Inventory the critical facilities that can be damaged by a hazard event.
Please fill out the table below.

				Structure Use							
Name of Building/Business	Address	Contact Information (Telephone #)	Occupancy #	Educational	Government	Hospital	Non/Profit	Public Safety	Residential	Utilities	Other
Example….City Hall	*123 Hall Drive*	*360-123-4567*	*1234*		*X*						

Return to: Emil Pierson, Community Development Director, P.O. Box 609, Centralia, WA 98531-0609
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