



HAZARD MITIGATION ACTION FORM

Name: _____

Jurisdiction: _____

Phone: _____

ACTION: _____

Hazard:	
Background:	
Benefits:	
Priority: (Very High, High, Medium or Low)	
Estimated Cost:	
Responsible Organization in city or county:	
Target Completion Date: (2007 to 2012)	
Funding Sources: (General revenues, grants or bonds)	