

Data Collection Questionnaire

Village of Broadview

Event Name _____ and Date _____

Name: _____

Phone: _____

Address: _____

Day: _____

Evening: _____

Email: _____

Length of residence at this address: _____

Did you have water in you house (Date):

Yes _____ No _____

If so, Was it:

Sewer Backup from basement floor drain

Yes _____ No _____

Ground Water from sump pump pit:

Yes _____ No _____

If so: Did your sump pump fail:

Yes _____ No _____

OR Was your sump pump able to keep up with the flow:

Yes _____ No _____

Did you get surface water from flooding in yard:

If yes:

How did it get in the house:

Window Well _____

Basement Door _____

First Floor Door _____

Garage Door _____

Patio Door _____

Other - Please specify _____

Was your yard flooded: North _____ South _____ East _____ West _____

Was you street Flooded: North _____ South _____ East _____ West _____

If corner house, which street: Front _____ Side _____

Have you ever had flood water in your home before: Yes _____ No _____

If yes, please explain:

Date: _____

What occurred: _____
