

**MADISON COUNTY**  
**Critical Facility Data Collection Form**

Facility Name \_\_\_\_\_

Longitude (GPS Coordinates) \_\_\_\_\_

Latitude (GPS Coordinates) \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Governing Jurisdiction \_\_\_\_\_

Square Footage \_\_\_\_\_

Value \_\_\_\_\_ Year \_\_\_\_\_

Valuation Type (Market Rate/Appraisal/Etc.) \_\_\_\_\_

**Critical Facility Type - check all that apply:**  
**(see reverse for definitions)**

Essential Facility     Lifeline System     Hazardous Material     Vulnerable Population

Transportation System     High Potential Loss     Important Facility     Economic Assets

Special Consideration     Historic Consideration     Other \_\_\_\_\_

Structural Type (Ref. Codes/Definitions) \_\_\_\_\_

Occupancy Class (Ref. Codes/Definitions) \_\_\_\_\_

Facility Type (Ref. Codes/Definitions) \_\_\_\_\_

OPTIONAL (Included in Previous Plan)

Point of Contact (Name & Title) \_\_\_\_\_

Point of Contact Phone # \_\_\_\_\_

Square Footage \_\_\_\_\_

Replacement Cost of Structure \_\_\_\_\_ Year \_\_\_\_\_

Replacement Cost of Contents \_\_\_\_\_ Year \_\_\_\_\_

Displacement Cost per Day \_\_\_\_\_

Annual Operating Budget of Facility \_\_\_\_\_

Maximum Occupancy/Capacity \_\_\_\_\_

Presence & Type of Haz. Materials \_\_\_\_\_

Emergency Generator (Yes/No) \_\_\_\_\_

Emergency Shelter (Yes/No) \_\_\_\_\_