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	rveying Agency Data		1 ~	T 2					
Agen	cy/Organization doing	g the assessment	Group #	Surveyor name				Date of Assessment (dd/mm/yyyy)	
	cility Name & Spatia								
Locat	ion Name	Street Address		City	Sta	ite	Zip		
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Conta	ct:	Phone (v	vork)	Phone (cell)		Email			
01	List organizations	or volunteer ar	nuns of respons	se workers who are	involv	ed in the	affected areas		_
01	Groups	or volunteer gr			mvorv	ou iii tiic	arrected areas.	Phone Number:	
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