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| --- | --- |
| DCYA Ref: |  |
| Legal Name: |  |
| Facility Name: |  |
| Facility Address: |  |
| Contact Number: |  |
| Reason for Closure: |  |
| Primary Issue Facing the Service: | **Please Tick** * Power Outage
* Water Outage
* Service Inaccessible
* Structural Damage
* Flood
 |
| Risk Assessment Completed Y/N: |  |
| Insurance Cover in Place Y/N: |  |
| Anticipated Closure Period:  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Additional Information |  |