



# Community Values and Risks

Circle or put an X by the appropriate number. Use blank spaces to add community values that may not be listed.

<b>Community Value:</b> How important to you consider these assets to be to your community?	Not Important Or N/A	A Bit Important	Moderately Important	Very Important	Extremely Important	Wildfire Risk			Risk due to Vegetation			Risk due to Slope			Comments Continue on reverse if necessary.
						1 Low risk	2 High Risk	3 Extreme	1 Low risk	2 High Risk	3 Extreme	1 Low risk	2 High Risk	3 Extreme	
Homes	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Commercial Structures	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Historical or Unique Buildings / sites	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Escape Routes	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Power lines/Communications lines/facilities	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Water storage/Delivery	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Wildlife	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Unique Plant or animal habitat	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Viewsheds (Scenic Beauty)	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Trails, etc.	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Watercourses	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
<b>Crops/Orchards/Vineyards</b>	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Range and Pasturelands	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
Timber Productivity	0	1	2	3	4	1	2	3	1	2	3	1	2	3	
	0	1	2	3	4	1	2	3	1	2	3	1	2	3	

Does your community have a disaster plan in place? **Yes** \_\_\_ **No** \_\_\_ **Don't know** \_\_\_

Are there Hazardous Materials sites in your area that may pose a risk during a fire? **Yes** \_\_\_ **No** \_\_\_ **Don't know** \_\_\_

Are there areas outside your community (e.g., Open Space, Parks, etc) that you see as posing a fire risk to you? **Yes** \_\_\_ **No** \_\_\_ **Don't know** \_\_\_

Please specify areas of concern: \_\_\_\_\_

Are there tree diseases present (Sudden Oak Death, Bark Beetles, etc?) **Yes** \_\_\_ **No** \_\_\_ **Don't know** \_\_\_ If yes, please specify disease and location: \_\_\_\_\_

Are there significant fire-prone invasive species present? **Yes** \_\_\_ **No** \_\_\_ **Don't know** \_\_\_ Specify: \_\_\_\_\_

Form Filled out by \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_