

Disaster Status Report by SDCC



1. Name of the credit union: _____

2. Name of the person providing report: _____



3. Date and time of communication: _____

4. SDCC Contact: _____



5. Main Office:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Normal Power | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Generator | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Normal Communications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Computer System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Banking Operational | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Building Status _____



Hours of operation: Normal Shortened

If shortened, please state hours of operation.



6. Are all of your branches operational? Yes No

If not, list the complete address(es) of affected branches and if they are providing any services.



7. Are all of your ATMs operational? Yes No

If not, list the complete address(es) of affected ATMs.



8. Employees' status:



9. How can SDCC assist you?



**Click circle below to submit form
electronically using Internet Explorer or save
and email to CUStatus@lscu.coop**