



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 Yes No
- Generator Yes No
- Normal Communications Yes No
- Computer System Yes No
- Home Banking Operational Yes 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