

Attachment B (sample prototype letterhead format)



NATIONAL FLOOD INSURANCE PROGRAM
FEMA Map Coordination Contractor

(Requester Name and Address) _____

IN REPLY REFER TO:

Case No.: _____

Community: _____

Community No.: _____

316-AD

Dear _____:

This is in regard to your **(Date of Requester's Letter)**, request that the Federal Emergency Management Agency (FEMA) issue a [Conditional Letter of Map Revision /Letter of Map Revision /revision to the Flood Insurance Rate Map [and Flood Boundary and Floodway Map] for the above-referenced community. In a previous letter, you were informed that additional data might be required to complete our review of the request. The data required to complete our review, which must be submitted within 90 days of the date of this letter, are listed [below/on the enclosed summary].

[LIST REQUIRED ITEMS HERE OR ON SEPARATE SUMMARY PAGE]

Please send the required data to us at the address shown at the bottom of this page. For identification purposes, please include the case number referenced above on your correspondence. Further action on the request has been suspended pending receipt of the required data.

[USE THE FOLLOWING PARAGRAPH FOR REQUESTS INVOLVING FEES]

If we do not receive the required data within 90 days, we will suspend the processing of your request. Any data submitted after 90 days will be treated as an original submittal and will be subject to all submittal/payment procedures, including the flat review and processing fee for requests of this type established by the current fee schedule. A copy of the notice summarizing the current fee schedule, which was published in the *Federal Register*, is enclosed for your information.

If you have general questions about your case, FEMA policy, or the National Flood Insurance Program, please call FEMA's toll free map assistance line at 1-877-FEMA MAP (1-877-336-2627). If you have specific questions concerning your request, please call the Revisions Coordinator for your state, **(MCC Revisions Coordinator Name)**, who may be reached at **(MCC phone #)**.

Sincerely,

MCC Contact's Digitized Signature

(MCC Contact's Name)

(MCC Contact's Title)

[Enclosure / Enclosures]

(MCC Address, Telephone Number, and Fax Number)

(MCC Company Name), under contract with the FEDERAL EMERGENCY MANAGEMENT AGENCY, is a
Map Coordination Contractor for the National Flood Insurance Program

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**NATIONAL FLOOD INSURANCE PROGRAM
FEMA Map Coordination Contractor**

Summary of Additional Information Required to Support a
[Conditional Letter of Map Revision (CLOMR)]
[Letter of Map Revision (LOMR)]
[Revision to the Flood Insurance Rate Map and Flood Boundary and Floodway Map]

Case No.: _____ Requester: _____

Community: _____ Community No.: _____

The issues listed below must be addressed before we can continue the review of your request.

(List of Issues To Be Addressed)

Please send the required data to us at the address shown at the bottom of this page.

(MCC Address, Telephone Number, and Fax Number)

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