

FEDERAL EMERGENCY MANAGEMENT AGENCY
PAYMENT INFORMATION FORM

Community Name: _____

Project Identifier: _____

THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO THE ADDRESS BELOW OR E-MAILED TO THE E-MAIL ADDRESS BELOW.

Please make check or money order payable to the National Flood Insurance Program.

Type of Request:

- MT-1 application }
 MT-2 application }

LOMC Clearinghouse
3601 Eisenhower Ave. Suite 500
Alexandria, VA 22304-6426
Attn.: LOMC Manager

- EDR application }

FEMA Project Library
3601 Eisenhower Ave. Suite 500
Alexandria, VA 22304-6426
E-mail: Libraryrequest@riskmapcds.com

Request No. (if known): _____ Check No.: _____ Amount: _____

INITIAL FEE* FINAL FEE FEE BALANCE** MASTER CARD VISA CHECK MONEY ORDER

*Note: Check only for EDR and/or Alluvial Fan requests (as appropriate).

**Note: Check only if submitting a corrected fee for an ongoing request.

COMPLETE THIS SECTION ONLY IF PAYING BY CREDIT CARD

CARD NUMBER

EXP. DATE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Month			Year

_____ Date _____ Signature _____

NAME (AS IT APPEARS ON CARD): _____
(please print or type)

ADDRESS: _____
(for your credit card receipt-please print or type)

DAYTIME PHONE: _____