

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 FAXED TO THE FAX NUMBER BELOW.

Type of Request:

MT-1 application }
 MT-2 application }

FEMA
Fee Charge System Administrator
P.O. Box 22787
Alexandria, VA 22304
FAX (703) 317-3076

EDR application }

FEMA Project Library
3601 Eisenhower Avenue
Alexandria, VA 22304
FAX (703) 751-7391

Request No.: _____ (if known)

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: _____