

**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
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Month	—	Year
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_____ Date _____ Signature _____

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

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

DAYTIME PHONE: _____