## THIS FORM IS AVAILABLE ELECTRONICALLY.

FSA-426 (01-29-02)						COUNTY OFFICE NAME, ADDRESS, AND TELEPHONE NO. (Include area code)		
MPCI/FCIC INFORMATION REQUEST WORKSHEET					( )	( )		
					2. PROGRAM YE	AR	3. DATE	
ITEMS 4 THROUG	GH 11 TO BE C	OMPLETED BY REQU						
4A. REQUESTER'S	SNAME		4B. TELEP	HONE NUMBE	ER 4C. ID NUMBER		4D. ID TYPE	
	5.	6.		7.	8. INFORMATION REQU (/) Check appropriate	ESTED box(es) that	are applicable to producer.)	
PRODU	JCER'S NAME	ID NUMBER	3	ID TYPE	A. FSA-578 Producer		B. Map Photocopies	
9A. INFORMATION	WILL DE-			IOD ADDDI	FOO IF MAILED			
	MAILED	PICKED UP		96. ADDRI	ESS, IF MAILED			
10. REMARKS								
11. CERTIFICAT	ON roducer(s) listed	above has a current no	olicy with the	e insurance d	company   represent	This infor	mation will be used by the	
insurance compar	ny I represent for	the express purpose of		s loss adjustr		obligation	IS.	
A. REQUESTER'S				B. TITLE			C. DATE	
A. DATE RECEIVED		B. DATE FURNISHED		C. WORKL	C. WORKLOAD DATA		D. INITIALS	

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