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FSA-426-A
(01-30-02)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

MPCI/FCIC INFORMATION REQUEST

1. COUNTY OFFICE NAME, ADDRESS, AND TELEPHONE NO. (Include area code)

( )

2. CROP YEAR

3. DATE

ITEMS 4 THROUGH 14 TO BE COMPLETED BY REQUESTER

4. REQUESTER'S NAME

5. TELEPHONE NO. (Include area code)
( )

6. REQUESTER
Company's Request ☐ RMA Request ☐

7. PRODUCER'S NAME	8. ID NUMBER	9. Crop Name	10. Policy Number	11. INFORMATION REQUESTED (/) Check appropriate box(es) that are applicable to producer.) A. CCC-502	B. AD-1026A	C. FSA-578 PRIOR YEAR PRODUCER PRINT	D. FSA-578 CURRENT YEAR PRODUCER PRINT	E. PRODUC-TION EVIDENCE	F. MAP PHOTO COPIES	G. OTHER

12A. INFORMATION WILL BE:
☐ MAILED ☐ AVAILABLE FOR PICK UP

12B. ADDRESS, IF MAILED

13. REMARKS

14. CERTIFICATION

I certify that the producer(s) listed above has a current policy subject to review. This information will be used solely by the insurance company I represent for the express purpose of fulfilling its loss adjustment and compliance obligations.

A. REQUESTER'S SIGNATURE

B. TITLE

C. DATE

15. TO BE COMPLETED BY FSA ONLY

DATE RECEIVED	DATE FURNISHED	WORKLOAD DATA	INITIALS

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