

FEDERAL EMERGENCY MANAGEMENT AGENCY  
PAYMENT INFORMATION FORM

Community Name:

Project Identifier:

THIS FORM **MUST** BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO ONE OF TWO POST OFFICE BOXES (SEE BELOW) OR FAXED TO THE FAX NUMBER BELOW.

Type of Request:

MT-1 application fee }  
MT-2 application fee } (Insert **3173** as the P.O. Box number in the address below)

External Data Requests (EDRs) (Insert **398** as the P.O. Box number in the address below)

Federal Emergency Management Agency  
Revisions Fee-Collection System Administrator  
P.O. Box  
Merrifield, Virginia 22116  
Fax: (703) 849-0282  
Phone: (703) 849-0432

Request No.:

(if known)

Amount:

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

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

\*\*Note: Applicable 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

CARD NUMBER

Date

Signature

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

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

DAYTIME PHONE: