

**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
7390 Coca Cola Drive, Suite 204
Hanover, MD 21076

- EDR application }

FEMA Project Library
847 South Pickett St.
Alexandria, VA 22304
FAX (703) 212-4090

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: _____