

**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
 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: _____