

ATTENTION:

NATIONAL FLOOD INSURANCE PROGRAM
3601 EISENHOWER AVE.
SUITE 500
ALEXANDRIA, VA 22304

NFIP LOSS HISTORY REPORT REQUEST

FAX: (703) 960-9125
EMAIL: FEMAMAPSPECIALIST@RISKMAPCDS.COM



I _____, am the current owner of the property at _____, _____, Texas. I am _____.

requesting the Loss History for the address provided to be faxed to _____.

If you have any questions regarding this request, please contact me at _____.

Thank you in advance for the assistance to this request.

Sincerely,