

**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  
*Name*  
\_\_\_\_\_, \_\_\_\_\_, Texas \_\_\_\_\_. I am  
*Address* *City* *Zip Code*  
requesting the Loss History for the address provided to be faxed to \_\_\_\_\_.  
*Fax Number*

If you have any questions regarding this request, please contact me at \_\_\_\_\_.  
*Phone*

Thank you in advance for the assistance to this request.

Sincerely,

\_\_\_\_\_  
*Homeowner*

*Per the NFIP, a signed statement from the homeowner is required to received a fax of the Loss History Report for their property*