

Flood Claim History Request

Date: _____

Fax: 301-209-7049

ATTN: National Flood Insurance Program Call Center

From: Property Owner _____

RE: Flood Claim History for my property

I am requesting a copy of the flood claim history on my property.

The information about my property is:

Property Owner: _____

Property Street Address: _____

City, State, Zip code _____

Phone number: _____

Email address: _____

Please mail flood claim history to:

Property Street Address: _____

City, State, Zip code _____

By signing below, I certify that I am the property owner for the above-mentioned property address.

Property Owner Signature

Date (MM/DD/YYYY)