

Name: _____
Social Security Number: ____ - ____ - _____
Pre-Disaster Address: _____

Disaster Number: 4085
FEMA ID Number: _____

Date:

FEMA - Records Management
National Processing Service Center
P.O. Box 10055
Hyattsville, MD 20782-7055
Or FAX#: 1-800-827-8112

Request for Information from FEMA File

Applicant Contact Information:

Name: _____
Current Address: _____
Telephone: _____
Alternate Telephone: _____
E-mail: _____

Dear FEMA Records Management Office:

By this letter, I am requesting a copy of the information in my FEMA file in accordance with Section 206.115(d) of Title 44 of the Code of Federal Regulations. Please send it to me at my current post-disaster address as soon as possible.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Sincerely,

Signature:	Printed Name:
Date:	