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| **Federal Emergency Management Agency PAYMENT INFORMATION FORM** |

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| Community Name: St. Charles Parish, Louisiana  Project Identifier: 220160 |
| **THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO THE ADDRESS BELOW OR FAXED TO THE FAX NUMBER BELOW.**  **Type of Request:**  **LOMC Clearinghouse**  7390 Coca Cola Drive  Suite 204  Hanover, MD 21076  Attn.: LOMA Manager  MT-1 application  MT-2 application  **FEMA Project Library**  847 South Pickett St.  Alexandria, VA 22304  FAX (703) 212-4090  EDR application  Request No.:       (if known) Amount: 425.00  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: |