

**TRANSMITTAL SHEET
NFIP REPETITIVE LOSS (RL) UPDATE WORKSHEET**

Please provide the following contact information should your community need to be contacted for more information to approve your updates.

Name: _____

Address: _____

Phone: _____ FAX: _____

E-Mail: _____

Please indicate the number of RL Update Worksheets submitted for this update. _____

Signature: _____

Send updated RL worksheets and this transmittal sheet via e-mail to:
NFIPUnderwritingMailbox@fema.dhs.gov



FEMA

