

Name: _____
Last 4 Soc. Sec. Number: _____
Date of birth: _____
Place of birth: _____ **FEMA ID #:** _____
Pre-disaster address: _____

Date: _____

FEMA National Processing Service Center
P.O. Box 10055
Hyattsville, MD 20782-7055
Or: Fax to 800-827-8112 (Attention: FEMA)

APPEAL OF FEMA DECISION

Applicant Contact Information

Name: _____
Current Address: _____
Telephone: _____
Alternate Telephone: _____
Email: _____

Dear FEMA Appeals Officer:

With this letter I am appealing FEMA's decision on my application for assistance. Enclosed is a copy of FEMA's eligibility notification letter, dated _____, and the FEMA cover sheet with bar code.

I had the following interactions with FEMA (including visits from inspectors, conversations with FEMA representatives and correspondence with FEMA) on the following dates:

- _____
- _____
- _____
- _____

Name: _____

Last 4 Soc. Sec. Number: _____

Date of birth: _____

Place of birth: _____ **FEMA ID #:** _____

Pre-disaster address: _____

FEMA awarded me \$ _____ for _____

FEMA gave the following reasons for its decision:

I believe FEMA made this decision in error because:

Also, FEMA did not take into account the following damages or expenses resulting from the disaster:

Enclosed are copies of additional materials that I am sending in support of my appeal letter:

1. _____
2. _____
3. _____
4. _____

I reserve the right to supplement this appeal, including after I receive information from my FEMA file, which I am formally requesting with the submission of this appeal. Thank you for your consideration.

Name: _____

Last 4 Soc. Sec. Number: _____

Date of birth: _____

Place of birth: _____ **FEMA ID #:** _____

Pre-disaster address: _____

If you have any questions or need additional information, please do not hesitate to contact me at the phone number provided on the first page.

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

Sincerely,

Signed: _____

Name: _____

Date: _____

Name: _____

Last 4 Soc. Sec. Number: _____

Date of birth: _____

Place of birth: _____ **FEMA ID #:** _____

Pre-disaster address: _____

Date: _____

FEMA National Processing Service Center
P.O. Box 10055
Hyattsville, MD 20782-7055
Or: Fax to 800-827-8112 (Attention: FEMA)

REQUEST FOR INFORMATION FROM FEMA FILE

Applicant Contact Information

Name: _____

Current Address: _____

Telephone: _____

Alternate Telephone: _____

Email: _____

Dear FEMA Records Management Office:

With 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.

Signed: _____

Name: _____

Date: _____

Name: _____

Last 4 Soc. Sec. Number: _____

Date of birth: _____

Place of birth: _____ **FEMA ID #:** _____

Pre-disaster address: _____

Original source: VTLawHelp.org/flooding

Updated by PTLA 2024