Attention: NFIP Help Center LOSS HISTORY REQUEST

Fax: 703-960-9125

Date: \_\_\_\_\_\_\_\_\_\_\_

Name (owner/tenant/policy holder), Date and Place of Birth:

Full Property Location Address:

Return Address for Response (if different from property location):

Telephone Number:

Statement (Must be Notarized):

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name), hereby certify under penalty of perjury that I am the current owner of the property for the location listed above and the foregoing is true and correct. Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

ACKNOWLEDGEMENT

State of Texas

County of Harris

Before me, on this day personally appeared, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purposes consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public