

COMMUNITY NAME: \_\_\_\_\_

COMMUNITY ID# \_\_\_\_\_



**FEMA**

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

**PLEASE NOTE: WE CANNOT APPROVE YOUR AW-501 RL UPDATE WORKSHEETS, UNLESS YOU RETURN THIS SIGNED DOCUMENT.**

**Contact Information:** Please provide the following information should we should need to contact your community for more information to approve your updates.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Any questions, please email  
[NFIPUnderwritingMailbox@fema.dhs.gov](mailto:NFIPUnderwritingMailbox@fema.dhs.gov)**

Please, indicate the number of RL Update Worksheets you are submitting for this update! \_\_\_\_\_

Please check all that apply

We have returned new updated worksheets OR ones that previously did not have the necessary Mitigation Action/Funding Source codes.

We have attached documentation to support our updates for Building Removal and Flood Protection Provided.

Mitigation Action/Funding Source codes have been provided, as appropriate.

We have described the steps taken to locate any properties that we were unable to identify from the Information provided.

We have retained copies of all the worksheets we submitted.

**UPDATES AUTHORIZED BY: (THIS FORM MUST BE SIGNED BY A COMMUNITY OFFICIAL)**

---

PRINT NAME AND TITLE

SIGNATURE

DATE

**MAIL YOUR UPDATED RL WORKSHEETS AND THIS RL TRANSMITTAL SHEET TO:**

Required documents should be mailed to  
NFIP Bureau and Statistical Agent,

Attn: Underwriting,

8400 Corporate Drive, Suite 350,

Hyattsville, Maryland 20785,

or sent via email to [NFIPUnderwritingMailbox@fema.dhs.gov](mailto:NFIPUnderwritingMailbox@fema.dhs.gov).