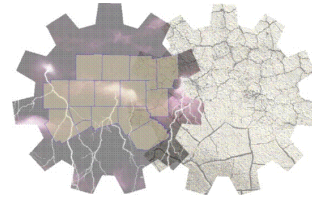


Metro Safe Room Rebate Program (MSRRP)

Floodplain Verification Form



Date: _____

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Local Floodplain Representative (LFR):

Name: _____ Title: _____

Email Address: _____ Phone Number: _____

DISCLAIMER: According to the maps provided by the National Flood Insurance Program (NFIP) and available to the local entity, the property listed above does not appear to be in the Special Flood Hazard Area (SFHA) or in a designated FEMA Flood Zone A or AE. The Local Floodplain Representative (LFR) listed above does not verify the establishment or confirm the location of SFHA floodplain areas with respect to property limits or structures. Note that SFHA's on NFIP maps are not a guarantee that any particular location is not subject to inundation, only that it is denoted as reasonably safe from flooding.

LFR Signature: _____

Applicant:

Please upload/submit the completed document as "your name_FPVerification" with your application as you set-up your user profile at: www.nctsaferoom.com.