1. Notice-to-User Request   
   and Supporting Information Form

Study Name and Case Number:

County or Community Identification Number:

Effective:

| 1. Item | 1. Details/Comments |
| --- | --- |
| Describe the error or omission. |  |
| List all affected elements (Flood Insurance Study [FIS], Flood Insurance Rate Map [FIRM], Flood Profiles, etc.). |  |
| Root cause analysis, including when and how the error/omission occurred. |  |
| How was the issue identified, and/or who requested the correction? |  |
| List the Appeal Period start and end dates, and other relevant Due Process considerations. |  |
| Are any revisions to the FIS/FIRM ongoing or planned? If yes, provide the planned effective date. |  |
| Is the correction considered urgent, and/or will it potentially affect a flood hazard or flood insurance determination? |  |
| Who is/was the Mapping Partner for the defective component? |  |
| Provide additional comments/screenshots and additional pages, as needed. |  |

| 1. FEMA Approval | FEMA Headquarters Due Process Lead Date |
| --- | --- |