Request for Hazard Mitigation Data Personally Identifiable Information (PII)

INSTRUCTIONS FOR USING THIS TEMPLATE

Copy the template below on **community’s official letterhead** for submission. The format of the template can be modified as needed. Update the highlighted sections of the cover letter, then complete the table below. ***Omitting highlighted or requested information may delay the processing of the ISAA request.***

Please complete the following steps.

Step 1. The format of the template can be modified as needed. Input appropriate information in the highlighted sections of the cover letter.

Step 2. Complete the attached information form. Omitting highlighted or requested information may delay the processing of the ISAA request.

Step 3. Once you have filled out the form and placed the letter on “Official Letterhead” along with information form, email the letter and form to:

To: JohnE.Bowman@fema.dhs.gov
cc: Kathy.Hopkins@twdb.texas.gov;

Upon receipt of your email to the above email address, a FEMA representative will reply, acknowledging receipt of your request. A FEMA representative will follow up with you to ask any additional or clarifying questions, to ensure your request is met in a timely and accurate fashion.

**Request for NFIP Policyholder**

**Personally Identifiable Information (PII)**

{Date}

Re: Privacy Act Request for FEMA Files/Information

Dear DHS/FEMA {– Disaster Name / Identifier if applicable}

I am writing to request that the Federal Emergency Management Agency (FEMA) provide me with the following FEMA dataset(s): active policies, claims, repetitive loss data, national violations information; disaster information including damage assessment data and IA housing inspection data. The requested data is related to {**insert the jurisdiction(s) name [community, state}.**

This data can be used to conduct floodplain management, disaster recovery, Community Rating System (CRS), substantial damage (SD)/substantial improvement (SI) activities, update hazard mitigation plans and apply for mitigation grants.

Specifically, we plan to use the data to assist with community floodplain management, monitoring compliance with the floodplain management measures adopted by the community, Data will also be used for CRS and hazard mitigation activity, assisting to make SD determinations and buyouts for community and service areas.

The above information is provided pursuant to the “routine use” provision of the Privacy Act of 1974, 5 U.S.C. 522a. The disclosure of this information is under Routine UseG, I, L, M N, O, R and T for the NFIP SORN or H or J of the Disaster Recovery SORN. The supporting SORNs for this data request are: [DHS/FEMA 003 –NFIP Files System of Records](https://www.gpo.gov/fdsys/pkg/FR-2014-05-19/html/2014-11386.htm), 79 FR 28747 (May 19, 2014); DHS/FEMA-008 Disaster Recovery Assistance; and DHS/FEMA-009 Hazard Mitigation, Disaster Public Assistance, and Disaster Loan Program.

The {**Insert the jurisdiction(s) name [community, state}** will not disclose this information to other entities unless they are identified in the approved information sharing agreement or use the information for any purpose other than that stated above. Any other entities that require identical data files for the purposes outlined in this letter will contact FEMA separately with their request for information. The FEMA data will be protected in accordance with the Privacy Act of 1974. Once the personally identifiable information is utilized for the legitimate and appropriate purposes as stated above, the further transmission of these data files, electronic and analog/paper, will cease and the personal information contained therein will be destroyed.

If you or your staff has any questions or need additional information about this matter, please contact me at (\_\_\_) \_\_\_-\_\_\_\_.

Sincerely,

\***A signature must be provided for the request to be processed\***

Written Name
Title

**The following information form is required to facilitate this request:**

|  |  |
| --- | --- |
| Requesting Entity Name: | Click or tap here to enter text. |
| List communities for which the data is requested, specify if incorporated municipalities within counties are to be included: | Click or tap here to enter text. |
| Type of Datasets Requested:Please check the appropriate boxes as indicated in the letter. | [x]  Repetitive Loss[x]  Active Policies[x]  Claims[x]  National Violations[x]  Policyholder Names\*[x]  Increase Cost of Compliance (ICC) claims\*  | [x]  Compiled Disaster data (includes IA data) [**DISASTER ONLY**] |
| \*Additional justification/need to know is required to receive data. Include all relevant information and justification for receiving policyholder names, insurance policy numbers, or a separate ICC dataset.Claims information for properties to assist in hazard mitigation and floodplain management activities, and in monitoring compliance with the floodplain management measures adopted by the community |
| Third-Party Data Sharing:Y [ ] N [ ]  | **If Yes:**Contractor Company Legal and Short name: Click or tap here to enter text.Contract/Purchase Order/Agreement Number: Click or tap here to enter text.Date of effect of contract: Click or tap here to enter text.Specific role of contractor in fulfilling data request purpose:Click or tap here to enter text. |
| Points of Contact/Recipients of Data: The requestor signatory is who will sign the agreement. \*\* List persons that will have access to the data. The recipients of the data must work for the requesting State/Local/Territorial/Tribal Government Agency or other requesting entity. Third party sharing must list all recipients of the data.  | **Please provide the requested contact information for the recipients of the data. One contact is the designated signatory who will sign the data sharing agreement.** **Requester signatory (one contact):**Name: Click or tap here to enter text.Title: Click or tap here to enter text.Phone: Click or tap here to enter text.Email address: Click or tap here to enter text.**Additional data recipient/third-party contractor contacts\*\*:**Name: Click or tap here to enter text.Title: Click or tap here to enter text.Phone: Click or tap here to enter text.Email address: Click or tap here to enter text.**Additional data recipient/third-party contractor contacts:**Name: Click or tap here to enter text.Title: Click or tap here to enter text.Phone: Click or tap here to enter text.Email address: Click or tap here to enter text.**Additional data recipient/third-party contractor contact:**Name: Click or tap here to enter text.Title: Click or tap here to enter text.Phone: Click or tap here to enter text.Email address: Click or tap here to enter text.**Additional data recipient/third-party contractor contacts:**Name: Click or tap here to enter text.Title: Click or tap here to enter text.Phone: Click or tap here to enter text.Email address: Click or tap here to enter text.**Additional data recipient/third-party contractor contacts:**Name: Click or tap here to enter text.Title: Click or tap here to enter text.Phone: Click or tap here to enter text.Email address: Click or tap here to enter text. |
| Does this request for data pertain to a declared disaster or emergency?Y [ ] N [x]  | **If Yes:**Type: Disaster [ ]  Emergency [ ] State/Territory Name: Click or tap here to enter text.Declaration date: Click or tap here to enter text.Name or number of disaster/emergencies: Click or tap here to enter text. |