

CRS COMMUNITY CERTIFICATIONS

Community _____ State _____ CID _____
(6-digit NFIP Community Identification Number)

CC-RL The Repetitive Loss List

(See Section 501 in the *CRS Coordinator's Manual*).

- We have reviewed the repetitive loss list dated: _____, 20 _____, and [check one]
- Attached are updated Repetitive Loss Update Forms; or
- There are no changes to FEMA's repetitive loss list.

As the current CRS Coordinator for _____ [community name], I have examined the repetitive loss data provided for each of our _____ [number] assigned repetitive loss properties. For each property in need of update, I have attached a Repetitive Loss Update Form that reflects the current and accurate address, the correct National Flood Insurance Program (NFIP) community identification number, and all known mitigation actions with the primary source of funding noted. To the best of my knowledge and belief, any Repetitive Loss Update Form not updated and submitted as part of this application has been checked and is not in need of update at this time.

Signature _____ (Community CRS Coordinator)

To facilitate verification, please provide the names of the CRS Coordinator and local repetitive loss contact person, if other than the CRS Coordinator

CRS Coordinator	Repetitive Loss Contact
Name	
Title	
Phone number	
Fax number	
Address	
E-mail address	

Comments:

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