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FSA-426-A (02-11-08) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency MPCI/FCIC INFORMATION REQUEST	1A. COUNTY FSA OFFICE NAME AND ADDRESS (<i>Zip Code</i>)	
	1B. TELEPHONE NO. (<i>Area Code</i>)	
	2. CROP YEAR	3. DATE (<i>MM-DD-YYYY</i>)

ITEMS 4 THROUGH 14 TO BE COMPLETED BY REQUESTER

[illegible]

12A. INFORMATION WILL BE: <input type="checkbox"/> MAILED <input type="checkbox"/> FAXED <input type="checkbox"/> AVAILABLE FOR PICK UP	12B. ADDRESS, IF MAILED
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13. REMARKS (Include purpose of request, i.e., quality control review)	
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14. CERTIFICATION

I certify that the producer(s) listed above has a current policy subject to review. This information will be used solely by the insurance company I represent for the express purpose of fulfilling claim audits, inspections, and quality control reviews.

A. REQUESTER'S PRINTED NAME	B. REQUESTER'S SIGNATURE	C. TITLE	D. DATE (MM/DD/YYYY)
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15. TO BE COMPLETED BY FSA ONLY

A. DATE RECEIVED (MM-DD-YYYY)	B. DATE FURNISHED (MM-DD-YYYY)	C. WORKLOAD DATA	D. INITIALS
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