

FSA-426

(01-29-02)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

MPCI/FCIC INFORMATION REQUEST WORKSHEET1. COUNTY OFFICE NAME, ADDRESS, AND
TELEPHONE NO. *(Include area code)*

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2. PROGRAM YEAR

3. DATE

ITEMS 4 THROUGH 11 TO BE COMPLETED BY REQUESTER

4A. REQUESTER'S NAME

4B. TELEPHONE NUMBER

()

4C. ID NUMBER

4D. ID TYPE

5.

PRODUCER'S NAME

6.

ID NUMBER

7.

ID TYPE

8. INFORMATION REQUESTED

(/) Check appropriate box(es) that are applicable to producer.)

A.

FSA-578 Producer Print

B.

Map Photocopies

9A. INFORMATION WILL BE:

☐

MAILED

☐

PICKED UP

9B. ADDRESS, IF MAILED

10. REMARKS

11. CERTIFICATION*I certify that the producer(s) listed above has a current policy with the insurance company I represent. This information will be used by the insurance company I represent for the express purpose of fulfilling its loss adjustment and compliance obligations.*

A. REQUESTER'S SIGNATURE

B. TITLE

C. DATE

12. TO BE COMPLETED BY FSA ONLY

A. DATE RECEIVED

B. DATE FURNISHED

C. WORKLOAD DATA

D. INITIALS