Data Request Template

Request for Hazard Mitigation Data Personally Identifiable Information (PII)

### INSTRUCTIONS FOR USING THIS TEMPLATE

Copy the template below on official letterhead for submission. The format of the template can be modified as needed. Update all of 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.***

Once you have filled out the form and placed the letter on “Official Letterhead”, email the letter and form to: fema-r4-nfip-data-request@fema.dhs.gov and copy Kaine.Riggan@ncdps.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 LETTER TEMPLATE

 **Request for Hazard Mitigation Data**

**Personally Identifiable Information (PII)**

**\*Use Official State/Local/Tribe/Territory/Entity Letterhead\***

{Date}

Re: Privacy Act Request for FEMA Files/Information

Dear DHS/FEMA/Federal Insurance and Mitigation Directorate

I am writing to request that the Federal Emergency Management Agency (FEMA) provide me with FEMA data {insert the type of data – for example: policyholder, claims, repetitive loss data, property violation data } related to {*insert the community, USA}.*

My office is requesting the data {*insert the purpose for the data* – for example, seek to offer mitigation advice to those policyholders who may be able to take simple action to improve their insurance rating, update a hazard mitigation plan, or participate in the Community Rating System}.

Specifically, we plan to {*insert how the data will be used* – for example, use the data provided to review and assist in hazard mitigation application}.

I am requesting that the above information be provided pursuant to the “routine use” provision of the Privacy Act of 1974, 5 U.S.C. 522a. I am requesting disclosure of this information under Routine Use {*insert the section of the System of Records Notice (SORN) which applies to the relevant Routine Use* – for example, N, O, R and T for the NFIP SORN. The supporting SORN for this data request is [DHS/FEMA](https://www.gpo.gov/fdsys/pkg/FR-2014-05-19/html/2014-11386.htm) [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).

My office will not disclose this information to other entities unless they are identified on the form 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 the request for information. The applicant information 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,

Insert electronic or wet Signature

Name Title

### The following information is provided to facilitate this request:

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| --- | --- |
| Requestor Name: | Click or tap here to enter text. |
| Name of SLTT or External Entity: | Click or tap here to enter text. |
| Purpose for Data:Please check the appropriate boxes and elaborate below. | * Community Rating System
* Hazard Mitigation Plan
* Floodplain Management
 | * Grants
 |
| Fully describe your purpose for using the data: Click or tap here to enter text. |
| Type of Data:Please check the appropriate boxes and elaborate below. | * Repetitive Loss
* Active Policies
* Claims
* Policyholder Names\*
 | * Increase Cost of Compliance (ICC) claims
* NFIP Property Violation
 |
|  | Fully describe the type of data needed: Click or tap here to enter text. |

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| Routine Uses:Please check the appropriate boxes and list below. | Routine Uses: | G ☐I ☐L ☐M ☐ | N ☐O ☐R ☐ | T ☐ H ☐ J ☐ |
|  | List the routine use:Click or tap here to enter text. |  |  |
| Third-Party Data Sharing:Y ☐N ☐ | If Yes:Contractor 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:Please include name, title, phone number and email address. The requestor signatory is who will sign the agreement.\*\*The requestors/ recipients of the data must be from the same government agency, company, etc., except for in contract agreements containing third-party sharing, which can and must include at least one contact from the third party. | 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 (up to four total): 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 (up to four total): 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 (up to four total): Name: Click or tap here to enter text.Title: Click or tap here to enter text. |

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|  | Phone: Click or tap here to enter text.Email address: Click or tap here to enter text. |
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\*Additional justification/need to know is required to receive policyholder names. Routine Use I or N must be selected.

\*\* The requester should list persons that will have access to the data. The recipients of the data must work for the requesting SLTT or external entity.

NFIP System of Records Notice (SORN) Routine Uses

The following table summarizes the Routine Uses included in the [NFIP System of Records Notice](https://www.govinfo.gov/content/pkg/FR-2014-05-19/html/2014-11386.htm). This SOP for National Flood Insurance Program Information Sharing Access Agreement and Routine Use Letter Requests is relevant to Routine Uses I, L, M, N, O, R or T. Other routine uses are only applicable for specific federal entities, such as the Department of Justice, law enforcement agencies, insurers, lenders or mortgage servicing agents, or specific entities addressed in the routine use, and are not applicable under this SOP.

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| Routine Use | Applicable |
| A | To the Department of Justice (DOJ), including Offices of the U.S. Attorneys, or other federal agency conducting litigation or in proceedings before any court, adjudicative or administrative body, when it is relevant or necessary to the litigation and one of the following is a party to the litigation or has an interest in such litigation:1. DHS or any component thereof;
2. Any employee or former employee of DHS in their official capacity;
3. Any employee or former employee of DHS in their individual capacity when DOJ or DHS has agreed to represent the employee; or
4. The U.S. or any agency thereof.
 | N/A |
| B | To a congressional office from the record of an individual in response to an inquiry from that congressional office made at the request of the individual to whom the record pertains. | N/A |
| C | To the National Archives and Records Administration (NARA) or General Services Administration pursuant to records management inspections being conducted under the authority of 44 U.S.C. 2904 and 2906. | N/A |
| D | To an agency or organization for the purpose of performing audit or oversight operations as authorized by law, but only such information as is necessary and relevant to such audit or oversight function. | N/A |
| E | To appropriate agencies, entities, and persons when:1. DHS suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised.
2. DHS has determined that as a result of the suspected or confirmed compromise, there is a risk of identity theft or fraud; harm to economic or property interests; harm to an individual; or harm to the security or integrity of this system or other systems or programs (whether maintained by DHS or another agency or entity) that rely upon the compromised information; and
 | N/A |

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|  | 3. The disclosure made to such agencies, entities and persons is reasonably necessary to assist in connection with DHS's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm. |  |
| F | To contractors and their agents, grantees, experts, consultants, and others performing or working on a contract, service, grant, cooperative agreement, or assignment for DHS, when necessary to accomplish an agency function related to this system of records. Any individuals provided information under this routine use are subject to the same Privacy Act requirements and limitations on disclosure as are applicable to DHS officers and employees. | N/A |
| G | To an appropriate federal, state, tribal, local, international or foreign law enforcement agency or other appropriate authority charged with investigating or prosecuting a violation or enforcing or implementing a law, rule, regulation or order, when a record, either on its face or in conjunction with other information, indicates a violation or potential violation of law, which includes criminal, civil or regulatory violations and such disclosure is proper and consistent with the official duties of the person making the disclosure. | Yes |
| H | To Write Your Own insurance companies as authorized under 44 CFR 62.23 to administer flood insurance in partnership with FEMA. | N/A |
| I | To federal, state, local and tribal government agencies, insurance companies, and established voluntary organizations to determine eligibility for benefits; verify non-duplication of benefits following a flooding event or another disaster; and provide needs unmet by NFIP claims payouts within their jurisdictions and service areas. | Yes |
| J | To state government agencies to provide GFIP certificates for carrying out the purposes of the NFIP within its jurisdiction. | N/A |
| K | To property loss reporting bureaus, state insurance departments, and insurance companies to investigate fraud or potential fraud in connection with claims, subject to the approval of the DHS Office of the Inspector General. | N/A |
| L | To state, local, and tribal government agencies to ascertain the degree of financial burdens they expect to assume in the event of a flooding disaster within its jurisdiction. | Yes |
| M | To state, local, and tribal government agencies to further NFIP outreach and education activities within their jurisdiction. | Yes |
| N | To state, local, and tribal government agencies that provide names; addresses of policyholders within their jurisdictions; and a brief general description of their plan for acquiring and relocating their flood prone properties for the purpose of ensuring that communities engage in floodplain management, improved real property acquisitions, and relocation projects that are consistent with the NFIP. This is contingent upon the Federal Insurance Mitigation Administration determining that the use furthers the floodplain management and hazard mitigation goals of the agency. | Yes |
| O | To the Army Corps of Engineers and federal, state, local and tribal government agencies to review NFIP policy and claims information for properties within their jurisdiction to assist in hazard mitigation and floodplain management activities, and in monitoring compliance with the floodplain management measures adopted by the community. | Yes |
| P | To lending institutions and mortgage servicing companies for purposes of assisting with lender compliance. | N/A |

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| Q | To current owners of properties for the purpose of providing the dates and dollar amounts of past loss payments made to the said property. | N/A |
| R | To federal, state, local and tribal government agencies to conduct research, analysis, and feasibility studies of policies and claims within their jurisdiction. | Yes |
| S | To financial institutions for purposes of providing referral or cooperative reimbursement payments to insurance agents to share marketing and advertising costs between the NFIP and entities participating in the NFIP. | N/A |
| T | To community officials and representatives to provide repetitive loss records of properties within that community. | Yes |
| U | To OMB for purposes related to the review of private relief legislation in accordance with OMB Circular No. A-19. | N/A |
| V | To private reinsurers, private capital firms, and financial institutions for the purposes of preparing NFIP assumption of risk proposals. | N/A |
| W | To the news media and the public, with the approval of the Chief Privacy Officer in consultation with counsel, when there exists a legitimate public interest in the disclosure of the information, when disclosure is necessary to demonstrate the accountability of DHS's officers, employees or individuals covered by the system, except to the extent the Chief Privacy Officer determines that release of the specific information in the context of a particular case would constitute an unwarranted invasion of personal privacy. | N/A |