

Flood Insurance Processing Center
PO Box 2057
Kalispell, MT 59903
Phone: 800-637-3846

Date: _____

Policy Number: _____

Insured Name: _____

Property Address: _____

COMMUNITY OFFICIAL BFE CONFIRMATION

As the National Flood Insurance Program (NFIP) Community Floodplain Manager for
_____ (community name), I certify that the community
agrees with and accepts the Base Flood Elevation (BFE) on the Elevation Certificate (EC) for the property located
at:

Property Address: _____

The acceptable BFE as shown on the EC is: _____ feet. The datum for this BFE is: _____

Community Official Signature: _____ Date: _____