



STATE OF ARKANSAS
DEPARTMENT OF EMERGENCY MANAGEMENT



ASA HUTCHINSON
GOVERNOR

DAVID MAXWELL
DIRECTOR

NOTIFICATION OF WITHDRAWAL

REQUEST FOR PUBLIC ASSISTANCE (RPA)

FEMA ____ - DR - AR

APPLICANT NAME:

PA-ID NUMBER:

Please withdraw our Request for Public Assistance for damages associated with DR-____-AR, for the following reason. (Please Check One)

- NO ELIGIBLE DAMAGE
- DAMAGE IS BELOW FEMA'S REQUIRED MINIMUM AMOUNT OF \$1,000.00.
- OTHER (Explain Below)

I understand that this action will have no impact on obtaining federal assistance for future disaster events, or for the Hazard Mitigation Grant Program should the Jurisdiction decide to participate.

Signature of Authorized Applicant Representative

Date

Signature of Authorized ADEM Representative

Date