



Emergency Service Dept APPLICATION FOR ADJUSTMENT



EMAIL COMPLETED FORM TO: LYNN CANTOR AT LCANTOR@AAAOHIO.COM

Member name _____

Membership level

Address _____

CLASSIC

City _____ State _____ Zip _____

PLUS

PLUS RV

Your adjustment check will be sent to the address listed above.

Premier

Premier RV

Home phone () _____ Work phone () _____

Email address _____

Membership no. _____

Club code _____ Expiration date _____

Date of service _____ Year/Make/Model _____

Name of station rendering service _____

Address of station _____

City _____ State _____ Zip _____

Location of breakdown _____

Trouble with vehicle _____

If an accident, will auto insurance cover any portion of towing charge? Yes No

Was vehicle towed? Yes No How many miles towed? _____

If yes, where to? _____

For adjustment consideration, **AAA Ohio Auto Club** requires an **original valid paid commercial receipt in the name of the member** with the vehicle at the time of disablement to be submitted within 60 days of the service date.

At time of breakdown, did you call:

AAA office 1-800-AAA-HELP
Yes No Yes No

AAA garage
Yes No

IF YES, what were the results?

IF NO, why not?

