

EMERGENCY ROADSIDE SERVICE

DAMAGE COMPLAINT

Please answer all questions and return a copy to this office with your paid receipt: 600 SW Market Street, Portland, Oregon 97201. For fastest processing, email the completed form, attaching all related receipts, invoices, photos, or other documentation to: automotiveservices@aaaoregon.com.

Membership number:						expires:					
Name:		phone:									
Address:								STAT		ZIP	
Email address:											
Date of service:				time of service:							
Location of disablement							STATE				
			MODEL LICENSE PLATE								
Please describe the incid				MC	DEL				LICENSE P	LATE	
Did you notice the damage at the time of services?					′es	No					
If not, when?											
Did you discuss the incic								Yes		No	
The damage happened: @ pickup location in							fflooptio		pot our		
Is the vehicle drivable?	Yes	No	lf not,	why:							
Is this your vehicle?	Yes	No	lf not	who's: _							
NEXT STEPS:		•••••		•••••							••••••
Once the information is hear from us, please feel									ess days.	lf you do	not

Signature of member: _____ Date: _____