Verification of Service Request

Member's Name:

Membership Number:

Mailing Address/City/State/Zip:

Day time phone number:

Return E-Mail Address:

I am requesting Verification of Service for the following date(s):

Reason for Verification:

To return your request form:

Email

1. Fill out the form.
2. Select one of the following options:

   - Select Email button and Send
   - Select Save/Print and save the form to your computer or device. Send the form in an email to ERSAdministration@aaa-calif.com or fax it to (714) 885-1924.

Questions

Please call (714) 885-1986 with any questions regarding this request.

Please allow 3-5 business days for processing.