



# VERIFICATION OF SERVICE REQUEST FORM

Member's Name:

Membership Number:

Mailing Address/City/State/Zip:

Day time phone number:

Return FAX number or E-Mail Address:

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

Reason for Verification:

Comments:

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Member's Signature

Please return your request form to:

Address	Fax	Email	Questions
AAA Club Services LLC ERS A-321 PO Box 25001 Santa Ana, CA 92799	714-885-1924	ERSAdministration@aaa-calif.com	714-885-1986

**Please allow 3-5 business days for processing.**