



**CAA North & East Ontario
APPLICATION FOR EMERGENCY ROAD SERVICE REFUND**

Any reimbursement will be in accordance with current Club policy

PLEASE PRINT CLEARLY

Today's Date _____

Name _____

Membership No. _____ Plus _____ PLRV _____

Address _____ Apt. _____

City _____ Postal Code _____

Vehicle Make & Year _____

Towing Company _____

Did you attempt to contact CAA/AAA? _____ If so, what happened? _____

Date of Service _____ Amount Paid \$ _____

Location of Breakdown _____

Nature of Trouble _____

Was vehicle started? _____ Towed? _____ What distance towed? _____

Did you present a valid CAA membership card? _____

Did you sign a CAA service receipt? _____

Was the CAA member present when service was provided? _____

If not, who was present? _____

REIMBURSEMENTS, IF APPROVED, WILL BE MAILED TO YOU AT THE ADDRESS ABOVE WITHIN 3 WEEKS OF RECEIPT OF THE APPLICATION.

Receipt attached? _____ Member's Signature _____