



AAA Western and Central New York
Road Service Reimbursement Request

Reimbursement requests must be submitted within 60 days of service

Member Name _____ Membership Number _____

Home Address _____ Telephone Number _____

City _____ State _____ Zip _____

Date of Mechanical Failure _____ Time _____ AM/PM

Exact Location of Breakdown _____

(Please be specific. Indicate highway number, road name, street address if known)

Did you call (check one) AAA office _____

Supernumber 1-800-AAA-HELP _____

AAA Station _____

Non-AAA Station _____

Was a valid AAA membership card presented at time of service? Yes _____ No _____

Year, make and model of vehicle _____

If Non-AAA Emergency road service was utilized, please explain why: _____

Service provided: Tow _____ Start _____ Tire _____

Lockout _____ Gas _____ Winch _____

Other, please explain: _____

If towed, where? _____ Miles Towed _____

Garage providing service _____

Amount paid for towing or road service _____ (Original paid itemized receipt must be attached)

Remarks _____

_____ Date

_____ Signature of member

Mail To: AAA Western and Central New York
ERS Records Dept.
100 International Drive
Amherst, NY 14221

Incomplete documents will delay processing