



HOME LOCKOUT SERVICE REIMBURSEMENT REQUEST

Please complete request form in its entirety.

Mail HOME LOCKOUT SERVICE REIMBURSEMENT REQUEST form with the following attachments:

- ✓ Original receipt ✓ Proof of residency⁽¹⁾

Mail to: AAA Arizona, Member Relations
Attn: ERS Reimbursement
P.O.Box 33119
Phoenix, AZ 85067-3119

Reimbursement requests postmarked more than sixty (60) days after date of service WILL NOT be processed.

MEMBER INFO

please print clearly

Membership#: _____ Name: _____

Address: _____

City, state, zip code: _____

Phone (home): _____ (work): _____ (mobile): _____

SERVICE INFO

Date of service: _____

Name of service provider: _____

Were they referred by AAA? Yes No

If no, did you request a referral from AAA? Yes No

Address of residence where service was provided⁽¹⁾: _____

Reason for Home Lockout service: _____

What service(s) were provided? (Check all that apply)

Pick or drill lock Changing locks Other

Re-keying New keys

Amount paid for service: \$ _____ Amount requested for reimbursement (must not exceed \$150): \$ _____

Signature of member: _____ Date: _____

⁽¹⁾Must provide proof of residency if address of service is not on file at AAA Arizona

TERMS AND CONDITIONS

Referral and reimbursement for Home Lockout Service is reserved for AAA Premier member's primary residence in Arizona only and excludes all other buildings or locked areas. Home lockout service is not transferable to any other person. The Premier member must be present at the time of service. Identification and proof of residency is required. In the case of rental property, approval of a property owner may be required. Service is subject to provider availability. Locksmiths are independent businesses and may not have a contractual relationship with AAA Arizona. AAA Arizona assumes no liability of any kind for any damages incurred by the Premier member as a result of locksmith services. Reimbursement requests must be postmarked no later than 60 days after receiving service.

FOR OFFICE USE ONLY

RECEIVED:

POST MARKED:

ACCT#: 512 162-510-000

RETURNED:

INPUT INTO CTS:

	ACCEPT	REJECT
RECEIPT:	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR USAGE:	<input type="checkbox"/>	<input type="checkbox"/>
PROOF OF RESIDENCY:	<input type="checkbox"/>	<input type="checkbox"/>
POSTMARK:	<input type="checkbox"/>	<input type="checkbox"/>
AMOUNT:	<input type="checkbox"/>	<input type="checkbox"/>
PREMIER MEMBER:	<input type="checkbox"/>	<input type="checkbox"/>

