EMERGENCY ROAD SERVICE REIMBURSEMENT REQUEST

Membership Card Number: 620- **219**-_____ Today's Date: _____

Note: You must be a member of Club **219, AAA Reading-Berks to use this form.*

Name of AAA Member: _____

Member Daytime Phone #: _____ Evening Phone #:_____

Member Address: _____

City: _____ State: _____ Zip: _____

Date of Road Service: _____ Year and Make of Vehicle: _____

ROAD SERVICE INFORMATION

Were you the driver or passenger in the vehicle? _____

Reason for Road Service: _____ Cost of Road Service: $_____
(Original receipt may be required)

Where was the vehicle at the time of road service? _____

Was the vehicle towed? ____Yes ____ No ***If the vehicle was towed, how many miles? _____

Did you attempt to call the AAA office phone number on your card? ____Yes ____ No

If yes, what results did you receive? _____

If you did not call the AAA office for service, please provide the reason:

_____

_____

_____

I understand that any reimbursement for Road Service will be in accordance with the contract rates in effect on that date, between the contract garages and AAA Reading-Berks. I also understand that AAA Reading-Berks assumes no responsibility or liability for any charges from a non-AAA garage above the contract rate.

_____
Member Signature Date

*****OFFICE USE ONLY*****

219 _____ *Classic PL PM RV* *Member Since:* _____ *Call History:* ____

*Amount Reimbursed $*_____ *Approved By:* _____ *Date Completed:* _____

Comments: _____

_____

_____

10/2026