



KEEP LIFE GOING®

# HOME LOCKOUT REIMBURSEMENT

Please complete the form below and return a copy with the original receipt and proof of residency (if required)<sup>1</sup> to: 600 SW Market Street, ATTN: Automotive Accounting, Portland, Oregon 97201.

For fastest processing, email the completed form, attaching all related receipts, invoices, photos, or other documentation to: **servicerefund@aaaoregon.com**.

## MEMBER INFORMATION

Membership number: \_\_\_\_\_ expires: \_\_\_\_\_  
438 177-XXXXXXXXXX-X

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Address: \_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP

Email address: \_\_\_\_\_

## SERVICE INFORMATION

Date of service: \_\_\_\_\_

Service location: \_\_\_\_\_  
ADDRESS (if different from membership address above) CITY STATE ZIP

Service provider: \_\_\_\_\_

Were they referred by AAA?  Yes  No

If not, did you request a referral from AAA?  Yes  No

What services were provided? (check all that apply)

- Pick or drill lock
- Changed lock
- Other: \_\_\_\_\_
- Re-keying
- New keys

Amount paid: \$ \_\_\_\_\_ Reimbursement requested: \$ \_\_\_\_\_  
MAY NOT EXCEED \$100

## TERMS & CONDITIONS

Referral and reimbursement for Home Lockout Service is reserved for AAA Premier member's residence in Oregon/Idaho only, and excludes other building or locked areas. Home Lockout Service is not transferable to any other person. The Premier member must be present at the time of service. 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 Oregon/Idaho. AAA Oregon/Idaho assumes no liability 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 date of service.**

FOR OFFICE USE ONLY		Yes	No
Received	_____	Receipt <input type="radio"/>	<input type="radio"/>
Postmarked	_____	Prior usage <input type="radio"/>	<input type="radio"/>
Acct:	512 162-510-000	Proof of residency <input type="radio"/>	<input type="radio"/>
Returned:	_____	Postmark <input type="radio"/>	<input type="radio"/>
Input to CTS	_____	Amount <input type="radio"/>	<input type="radio"/>
		Premier member <input type="radio"/>	<input type="radio"/>

1. If the address serviced is different from the one associated with your membership, please provide a recent utility bill as proof of residency.