



## WEATHER INFORMATION FAX REQUEST FORM

CompuWeather makes it simple to initiate requesting our services. You may contact our consultants directly on the phone, by fax using this form, through our web site or by email. Either way, our consultants will contact you to discuss your case and provide you with an immediate quote. Requests are never processed without your approval and all requests are considered confidential.

**Phone: 800-825-4445**

Fax: 800-825-4441

Email: requests@compuweather.com

View Sample Reports or Order Online at:  
[www.compuweather.com](http://www.compuweather.com)

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

THIRD-PARTY BILLING INFORMATION: \_\_\_\_\_

### CASE INFORMATION

INCIDENT / LOSS DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM PM (circle one)

CASE NAME: \_\_\_\_\_ FILE #: \_\_\_\_\_

LOCATION OF INCIDENT / LOSS: (address, intersection, county, nearest town, etc.)

TYPE OF INCIDENT / LOSS: (please describe what happened)

WHAT ARE YOU TRYING TO DETERMINE / WHAT INFORMATION DO YOU NEED?

WHO DO YOU REPRESENT? \_\_\_ Defendant \_\_\_ Plaintiff \_\_\_ Insured \_\_\_ Other \_\_\_ Self

DATE INFORMATION IS NEEDED BY? \_\_\_\_\_ (rush charges apply to 4 days or less)

WOULD YOU LIKE US TO SEND YOU AN UPDATED LITERATURE PACKAGE? \_\_\_ YES \_\_\_ NO