

# COMPU-WEATHER INFORMATION REQUEST FORM

Call with your request: (800) 825-4445  
Fax your request: (800) 825-4441 or (845) 227-8400  
We will contact you to assess your case.  
Requests are **not** processed without your approval.

## Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Case Information:

Case Name: \_\_\_\_\_

File Number: \_\_\_\_\_

Date of Incident/Loss: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident/Loss (address, cross-streets, county, nearest town, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Type of Incident/Loss (please describe what happened):

\_\_\_\_\_  
\_\_\_\_\_

What would you like to know or show:

\_\_\_\_\_  
\_\_\_\_\_

You represent (Defendant, Plaintiff, Insured, Other): \_\_\_\_\_

When do you need this information: \_\_\_\_\_

source: wxreview