



WEATHER INFORMATION REQUEST FORM
SEND THIS FORM WITH PAYMENT TO THE ADDRESS ABOVE

Today's date: _____ Date Report is needed by: _____

Your Name and Title: _____

Name of Company and address:

Your phone number: _____ Fax number: _____

Case name: _____ File number: _____

Date of incident/loss: _____

Address: _____

Town/City/State: _____

Type of incident (Describe what happened):



You represent: Plaintiff Defendant Insured Other _____

Would you like a: partial month monthly report hourly report

Would you like it: signed by a Meteorologist unsigned

Do you want the report: faxed mailed picked up emailed

What information do you need: (Check all that apply) (if available)

TEMPERATURES

PRECIPITATION TYPE / AMOUNTS

WIND SPEEDS

WIND DIRECTION

SNOW ON THE GROUND

PROBABILITY OF ICE FORMATION FROM:

PRECIPITATION

STANDING WATER

SNOWMELT / RE-FREEZE

OTHER INFORMATION

Method of payment: check enclosed PO Number _____
 charge card (fill in the following)

Name & Address on card: _____

Account #: _____

Signature: _____

Exp. Date: _____ Security Code: _____