



**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:

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Your phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Case name: \_\_\_\_\_ File number: \_\_\_\_\_

Date of incident/loss: \_\_\_\_\_

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

Town/City/State: \_\_\_\_\_

Type of incident (Describe what happened):

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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

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

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

Name & Address on card: \_\_\_\_\_

Account #: \_\_\_\_\_

Signature: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_