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(please note that requests will only be processed with customer's approval)

Today's date:	Are you a first-time customer?	
Your name and title:		
Company name:		
Street:	Phone:	Ext:
City, state, zip:	Fax:	
Your email address (optional - will remain confidential):		
Case or claim name and file number:		
Date of loss:	Time of loss:A	M PM
Where did loss occur? City/Town/Village:		
County: State	: Zip/Other: _	
Please describe incident:		
What dates would you like us to research?		
When do need this information?		
You represent the: Plaintiff Defendant Insured Other		

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