

RE    Claim #:  
      Insurance Policy #:  
      Account#:  
      Insurance Check #:

Dear Customer

In order to expedite the inspection of your insurance claim repairs, please complete the following information and return it as soon as possible.

**PROPERTY ADDRESS LOCATOR**

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Color of Home \_\_\_\_\_ <<MH\_Specific>>

Please list any pets you own that might cause a safety hazard to the inspector:

Home Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Best time to call between 7 a.m. and 7 p.m. local time \_\_\_\_\_

In order to assure that our representative can easily locate your home, please draw directions to your home. Use exact mileage from landmarks, street names or road numbers in describing the location of your home.

Thank you for your assistance.

Green Tree Servicing LLC