

Wind Mitigation Request Form

Date: _____

Association Name: _____

Building Address: _____

Unit Owner Name: _____

Requested By: _____

Phone #: _____

WHERE TO SEND WIND MITS TO

Attention: _____

Fax #: _____

Email Address: _____

Fax Requests to: RV Johnson Insurance

Attention: Helene Bouchard

Phone #: 561-745-8894 / Fax #: 561-745-8871

certificate@rvjohnson.com

