

ALABAMA MUNICIPAL INSURANCE CORP.

Montgomery, AL 36104

Description	From Date	To Date	Invoice #	Invoice Amt	Unit
Collision Damage			Supp 2018 Ford Exp VIN 4003	\$0.00	\$306.

Claim Number: 059436 Claimant: City of Madison Payee: City of Madison
Check Number: 87012 Total Check Amt \$306.41 Event Date: 3/3/2023 Department: MAD City of Madison, ETAL
Adjuster Name: Addison King Adjuster Phone #: (334)386-4240 Control Number: 0166612
Payee Tax ID:

Mail To Address : City of Madison
100 Hughes Road
Madison, AL 35758

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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MONTGOMERY, AL 36104
5.183