

Financial Clarification Request Form



Date: _____

Requested by: _____

Received by: _____
(OBMA representative)

Question or Concern: _____

Please Fax, Mail or Drop off this form to:

OBMA
1868 Bacon Street, Suite A
San Diego, CA 92107
Fax (619)224-4976
Email: obbid@nethere.com

Date satisfied: _____

Finance Committee Chair: _____
Signature