

# Compensation Request Form

(1 form per passenger)



*First Name:	*Last Name:
*Date of Travel:	*Flight Number:
*Reservation Number:	*Length of Delay (please check one): <input type="checkbox"/> 3 to 5 hours 59 minutes <input type="checkbox"/> 6 to 8 hours 59 minutes <input type="checkbox"/> 9 + hours <input type="checkbox"/> Did not travel
*Reason given by Calm Air staff for Delay/Cancellation:	
*Phone Number:	Email:
*Mailing Address:	
Address Line 2:	
*City/Town:	*Province/State:
*Postal/Zip Code:	*Country:
*Please Check Your Preferred Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Future Travel Credit Monetary compensation will be issued in Canadian dollars and vouchers will be issued at a higher value than monetary compensation.	
Additional Comments/Feedback:	

## Please note the following:

- Any field with an (\*) is a mandatory field. The request form will not be processed without all required information.
- Calm Air will respond within 30 days upon receipt of this application.
- Compensation form can be submitted electronically on our website at [www.calmair.com](http://www.calmair.com).
- If manually completing this form, please mail to Customer Service Claims, Calm Air International LP at the below address:

**Calm Air International LP**  
930 Ferry Road  
Winnipeg, MB R3H0Y8

**Fax: 204-956-6207**  
**Email: [csclaims@calmair.com](mailto:csclaims@calmair.com)**  
**Toll Free 1-800-839-2256**