



Armstrong Moving & Storage, Inc.  
 TX DOT No. 005036499C  
 Claims Department  
 2401 Double Creek Drive  
 Round Rock, TX 78664

**Claim Form**  
 See reverse side for instructions

**ORDER FOR SERVICE NUMBER:**

Customer name \_\_\_\_\_

*New* address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Old* address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone numbers Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Pick up date? \_\_\_\_\_ Delivery date? \_\_\_\_\_ Was shipment in warehouse? \_\_\_ yes \_\_\_ no If yes, Where? \_\_\_\_\_

Did employer pay for move? \_\_\_ yes \_\_\_ no If yes, name of employer? \_\_\_\_\_

Valuation type declared \_\_\_ \$.60/lb./article \_\_\_ Lump sum/depr. \_\_\_ FVP \_\_\_ Valuation amount declared \$ \_\_\_\_\_ Deductible Y or N

ANY ITEMS NOT LISTED ON CLAIM FORM, ONCE SUBMITTED WILL NOT BE ALLOWED.

HOME OFFICE USE ONLY

1 Inventory number	Article weight	2 Article description	3 Description of loss / damage	Date of purchase/ Age of item	4 Cost to replace	5 Amount claimed	6 Was carton damaged? Yes or No	C/S \$ or R=repair	Expl.	Resp. party
38	40 LBS.	END TABLE	SCRATCHED TOP <i>EXAMPLE</i>	4 YRS	\$275.00	\$50.00	N/A			

**IMPORTANT NOTICE:** TXDOT regulations require that any claim be submitted in writing and received by carrier within 90 days from delivery of the shipment to the final destination or after a reasonable time for delivery has elapsed in the case of failure to make delivery.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 The above constitutes my complete claim White - Original Canary - Customer

ARMSTRONG