

A+ SERVICES CLAIM FOR LOSS OR DAMAGE

A+ SERVICES does not process moving claims with only oral communication! Therefore, you must fill this form and mail it back to A+ Services. Please include on this form all articles discussed that you claim are lost or damaged.

_____, 20__ (insert today's date) Claim No.: _____ (office use only)

Carrier: A+ Services, P.O. Box 2989, Denton, TX 76202-2989

Claimant: _____

Name

Address

City, State, Zip

This claim is made against the carrier named above by _____ (claimant's name) for Overcharges or loss or damage (please circle one) in connection with the following goods.

Proposal Moving Agreement No.: _____ (customer ID#)

Date of Shipment: _____, 20__

Load Location: _____

Unload Location: _____

Statement of Loss or Damage **No. of Items** _____

Article Name	Loss or Damage	Weight of Article	Present Value	Date Acquired	Original Cost

Remarks:

The foregoing statements of facts are true and correct.

Signature

print your name

Please attach a separate sheet if necessary for any explanations, including how item was damaged if applicable. In making this claim you must be prepared to justify the values you have placed on the lost or damaged articles. Remit any documents which would support your claim. This form must be signed by the claimant who is the owner of all items claimed to be lost or damaged within 30 days of loss or damage. Complete and mail this form to **A+ Services, Claims, P.O. Box 2989, Denton, TX 76202-2989.**