

Burke Moving & Storage

Local Claims Form

Name		Contract #	
Present Address			
Home Phone		Work Phone	
E-Mail			
		FAX	
Move From		Moved To	
Type of Move	Local	Intra	Inter
		Logistics	
			Date

Claim Filing Instructions

In case of damage or loss, it is important that you DO NOT dispose of any damaged items. Photographs of all damage and/or a visual inspection may be required. Please complete this Claim Form and fax or mail it to the Claims Department at the address listed below as soon as possible, but no later than 30 days after the delivery, to initiate the claims process. **NOTE: All claims will be settled based on the Declaration of Value Statement and the Type of protection chosen.**

Burke Moving & Storage
Attention: Claims Department
P.O. Box 324
Cheyenne, WY 82003
Phone: (307) 635-3608 FAX #: (307) 638-8355

At least 2 written estimates for repairs or replacement of irreparable items will be required and must be submitted subsequently along with the delivery receipt describing the articles below. Please be as specific as possible and list the model numbers and manufacturer where applicable. Proof of original purchase for items of exceptional value may be required.

Inv. #	Item	Details of Damage	Purchase Price	Replacement Cost	Amount of Claim
TOTAL AMOUNT OF CLAIM					

I, the undersigned, hereby declare that the statements contained herein and exhibits hereto are correct, and that no material fact is withheld that should be included with this report. This is also to certify that I/we have not received any items claimed short/missing from any source to date. Should I/we receive such items from any source, I/we will promptly notify Burke Moving & Storage to delete the items from the claim, or if the claim has been settled, will return monies paid. Please allow for 30 to 45 days for the processing of your claim.

Signature _____ **Date** _____