

# Burke Moving & Storage

## Local Claims Form

Name		Contract #	
Present Address			
Home Phone		Work Phone	
E-Mail			

Move From		Moved To		Date	
Type of Move	Local	Intra	Inter	Logistics	

### 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 St. Vrain 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** \_\_\_\_\_