

DAMAGE CLAIM FORM

Please provide the following with your claim in addition to filling out all the requested information:

Please note: Your final bill must be paid before we can begin to process your claim.

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- | | |
|---|---|
| 1. Brief typed letter describing your claim* | 5. Picture(s) that clearly convey the extent of the damage as well as the location of the damage on the item claimed must be provided. Provide a distance shot of the entire item with the damage visible. If necessary, provide a close up picture that shows the extent of the damage. Use some indicator of relative size such as a coin or a ruler.* |
| 2. Completed Damage Claim Form * | |
| 3. A copy of the Work Order (contract) from your move* | |
| 4. Receipt / proof of purchase for all claimed items* | |
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Mail required documents to:

ERO Moving LLC
1345 N. Jefferson Street
Suite 463
Milwaukee, WI 53202

Customer Information

Name on Work Order*: _____

Phone*: (____) ____ - _____

Email: _____

Current Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Move Information

Work Order Estimate Number*: _____

Date of Move*: _____

Origin Address*: _____

Destination Address*: _____

Was this item stored*: Yes / No If so, where and for how long: _____

Inventory Information

Item Being Claimed*: _____

Description of Damage*: _____

Approximate Weight of Item*: _____ lbs. Year Purchased*: _____

Manufacturer: _____ Model information: _____

Picture Included*: Yes / No

Receipt Included*: Yes / No

Inventory Information

Item Being Claimed*: _____

Description of Damage*: _____

Approximate Weight of Item*: _____ lbs. Year Purchased*: _____

Manufacturer: _____ Model information: _____

Picture Included*: Yes / No

Receipt Included*: Yes / No

Inventory Information

Item Being Claimed*: _____

Description of Damage*: _____

Approximate Weight of Item*: _____ lbs. Year Purchased*: _____

Manufacturer: _____ Model information: _____

Picture Included*: Yes / No

Receipt Included*: Yes / No

* = Required for all damage claims.