Glen Ellyn Storage Corporation
465 Fullerton Avenue
Carol Stream, IL 60188

CLAIM FORM

SEE NEXT PAGE FOR INSTRUCTIONS

ORDER FOR SERVICE NUMBER:

Customer name		Email		
New address	Apt	City	State	Zip
Old address	Apt	City	State	Zip
Telephone numbers: Home		Office	Fax	
Pick up date?	Delivery date?	Was shipment warehoused?	If yes, where?	
Did employer pay for move?		If yes, name of employer?		
Valuation type declared?			Valuation amount declared?	

$.30/lb./article, $1.25 lump sum/depr., FVP-A or FVP-B

HOME OFFICE USE ONLY

1 Inventory number	1a Article weight	2 Article description	3 Description of loss / damage	3a Date of purchase / Age of item	4 Cost to replace	5 Amount claimed	6 Was carton damaged?	C/S $ or R=repair	Expl.	Resp. party

IMPORTANT NOTICE: If this form is not thoroughly completed or is submitted unsigned, it may be returned.

Signature: _____ Date: _____

The above constitutes my complete claim