NOTIFICATION OF LOSS OR DAMAGE <u>AT</u> DELIVERY

(This is not a Claim)

NAME OF CLII	ENT & CLIENT ID		DHS PROGRAM			
REQUESTER N	IAME AND JOB TITLE	CONTACT PHONE	EMAIL		MOVE DATE	
Officer or de any addition	INSTRUCTIONS: This document n signee of Arlington County. Before al damage and missing objects on s or damage is discovered upon document blank for any reaso	the Gifted Hands Moving & this form. You must list any I delivery, enter "NONE" in	& Storage profe oss or damage t the field provid	ssionals depart your r hat occurs during deli ed. DO NOT leave th	esidence, you <i>must</i> detail very on this form.	
NOTED LOSS AND/OR DAMAGE:						
INV. NO.	ITEM	DESCRIPTION OF LOSS OR DA	MAGE (If missing,	so specify. Electronic items	, provide brand & model number)	
THIS IS NO document N damage now move within	FIFICATION OF LOSS OR DAMAGINATION OF LOSS OR DAMAGINATION OF LOSS OR DAMAGE At Delivery and the compensated by either the Vendor	very, please contact the Arl claim with the movers. You ermore, claims not made with the movers. You ermore, claims not made with the movers. I am aware that I have 7: I understand that I need to ow to file a claim for damagor the County for any item	ington County F I won't get paid ithin 72 hours a gnature below, I 2 hours followin talk to the Arlir e or loss discov not stated on the	Project Officer assign by either the vendor fter delivery will not be confirm receipt of or g delivery to report an agton County Project ered after the movers ese forms.	need to your move within 72 or the County for anything the paid. The (1) copy of the ny additional loss or Officer in charge of my seleave. I am aware that I	
ACKNOWLEDGMENT BY CUSTOMER OR THEIR DESIGNATED REPRESENTATIVE (Complete as applicable and sign below) Packing, Unpacking and removal of packing material, boxes, cartons, and other debris was (check one)						
racking, Un		Not performed	debris was (check] Waived	Vendor will ı	return	
Signature of th	e Customer (or their Designated Representati	ve) X				
Received for deli	very at:		Name/Address of Me	oving Service Provider		
Street Address						
City		Sate Zip				
Telephone Number		Ţ	Telephone Number		Fax Number	
Signature of the Cu	stomer (or their Designated Representative)	Date	Vendor Signature		1	

NOTIFICATION OF LOSS OR DAMAGE AFTER DELIVERY

(This is not a Claim)

INSTRUCTIONS TO THE CUSTOMER (OR THEIR DESIGNATED REPRESENTATIVE): You have up to 72 hours to inspect your property, note all loss and damage not discovered and reported at the time of delivery and provide notice to the Moving Service Provider. If notice is not timely sent, you may lose any potential recovery of your damages from either the Government or the Vendor. Notice should be given electronically (email) to the Vendor pursuant to instructions in Section A, below. However, if you are unable to file on-line you may give notice by hand delivering this document to your Arlington County Representative.

NOTE: Notifying the Vendor of your loss or damage is not the same thing as filing a claim. For information on filing a claim against the Vendor read Section C, below. If you have questions about this document, contact the Arlington County Program Manager.

SECTION A - WRITTEN NOTIFICATION

The best way to provide notice of loss or damage to the vendor is to hand deliver this completed form at the end of the delivery. However, if you are unable to do so, this document must be emailed to the Arlington County representative within 72 hours following delivery. If emailing, please keep a copy of this document and proof that it was sent for your records. If more than one page is needed, please include your name, address, and number of pages on each supplemental page used. USE INK ONLY or WORD PROCESSOR to fill in this document.

NOTICE TO Vendor: You are hereby notified the customer (or their designated representative) intends to present a claim for the loss and/or damage as noted on the NOTIFICATION OF LOSS AND/OR DAMAGE AT DELIVERY and this document. You are hereby extended the opportunity to inspect the property.

INV. NO.	ITEM	DESCRIPTION OF DAMAGE (If missing, so specify) (Electronic items, provide Brand and Model Number)			
esignated space	e. For any damage or loss detec	u must indicate it on this form. If no loss or damage is observed upon delivery, put "NONE" in the ted after delivery, please contact the Arlington County Project Officer assigned to your move for ne movers. Neither the vendor nor the County will pay you for any item not listed on the document.			

SECTION B - FILING A CLAIM WITH THE VENDOR

CUSTOMER (OR THEIR DESIGNATED REPRESENTATIVE)

ADDRESS

DATE OF DELIVERY

To submit a valid claim, follow the directions in SECTION A. You must file your claim within 7 calendar days of your property's DELIVERY, or you will not receive "full replacement value" for eligible loss. You do not need to have repair estimates in order to enter your claim. If you choose not to file your claims within the time allotted, you will not be eligible for full replacement value and will be responsible for obtaining and providing all estimates of repair.