

CARGO LOSS OR DAMAGE CLAIM

To: MOUNTAIN VALLEY EXPRESS CO INC  
636 E ARCTIC AVE  
SANTA MARIA CA 93454  
ATTN: MARY CLERKIN  
PH 800-448-9378 X 1500 FAX 805-349-2079  
EMAIL: marvc@mtvly.com

DATE: \_\_\_\_\_  
CLAIM # \_\_\_\_\_  
CARRIERS PRO # \_\_\_\_\_

CLAIM IS FOR \_\_\_\_\_ DAMAGE \_\_\_\_\_ SHORTAGE MADE AGAINST MOUNTAIN VALLEY EXPRESS CO INC

CLAIMED AMOUNT \_\_\_\_\_

SHIPPER: \_\_\_\_\_ CONSIGNEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CITY: \_\_\_\_\_

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED: NUMBER AND DESCRIPTION OF ARTICLES, NATURE OF LOSS OR DAMAGE, INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC. ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN.**


**NOTE: CLAIM SHOULD BE SUPPORTED BY THE FOLLOWING DOCUMENTS. FAILURE TO INCLUDE SUFFICIENT DOCUMENTATION MAY DELAY OF THE CLAIM.**

\_\_\_\_\_ COPY OF ORIGINAL INVOICE \_\_\_\_\_ COPY OF REPAIRS \_\_\_\_\_ PHOTOS OR INSPECTION REPORT  
\_\_\_\_\_ COPY OF REPLACEMENT INVOICE AND FREIGHT BILL #

**THE FORGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.**

DATE: \_\_\_\_\_ CLAIMANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

SIGNED: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL: \_\_\_\_\_