



Texas Blue Line Moving Claim Form

Full Name: _____

Name on Contract: _____

Current Address of Claimant: _____

City, State & Zip Code: _____

Phone Number: _____

Email: _____

Origin Address: _____

Destination Address: _____

Job and/or Reference No.: _____

Date of Pick up: _____

Date of Delivery: _____

Who was your mover? : _____

Were these items stored? _____

If So, Where and how long? _____

Please mail, fax or email this form and all documents requested back to:

Texas Blue Line Moving

1701 E. Greenville Ave Suite#209

Richardson, TX 75081

F: 972.241.8389

info@texasbluelinemoving.com



Damage Claim Sheet

Fill out the following form and send it in along with all requested documents.

Name of claimant _____ Date _____

Present Address _____ City _____ State _____ Zip _____

Phone Home: _(_____)_____ - _____ Fax: _(_____)_____ - _____

Other: _____

Name of shipper (if different than claimant) _____

Article Give complete description	Nature of claim If damaged, describe extent	Approximate weight	Notes

SECTION 11904(A)(2) of Title 49 of the United States Code makes it a crime subject to a fine of up to \$5000 and imprisonment for up to two years to knowingly and willfully file a false claim with a motor carrier.