



The CMS Companies
 Corporate Moving Systems, Inc.
 CMS Relocation & Logistics
 Sullivan Moving & Storage, Inc.
 CMS Logistics



PROPERTY DAMAGE CLAIM FORM

CLAIMS@CMSCOMPANIES.COM

800-467-7734

DATE OF LOSS	ORDER NUMBER
CLAIMANT/NAME OF CUSTOMER RELOCATING	
MAILING ADDRESS	
CONTACT PHONE NUMBER	EMAIL ADDRESS
ADDRESS WHERE THE DAMAGE OCCURRED	
DISCRIPTION OF DAMAGE, LOCATION/ROOM	AMOUNT CLAIMED
WAS THE DAMAGE NOTED ON THE PAPERWORK?	
AGE OF RESIDENCE:	
ARE YOU THE OWNER OF THE RESIDENCE:	
IF RENTING LIST THE LANLORD/PROPERTY MANAGEMENT COMPANY	
CONTACT PERSON	
CONTACT NUMBER	
CONTACT EMAIL	
LIST THE OWNER IF DIFFERENT THAN THE CLAIMANT:	
CONTACT NUMBER	
CONTACT EMAIL	
MAILING ADDRESS	
<p><i>I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in this statement of claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim. No material information has been withheld.</i></p>	
SIGNATURE OF CLAIMANT	DATE