



Décor Claim\Dispute Form

Name or Company _____

Tel No: _____

Address: _____

Fax No: _____

City: _____

Email: _____

State & Zip: _____

Contact: _____

Pickup Date: _____

Delivery Date: _____

Item Description:

Item	Replacement Cost	Self Pack	Décor Packed	Additional Insurance
		Y or N	Y or N	
		Y or N	Y or N	
		Y or N	Y or N	

Additional Items Required:

- Brief letter describing the grievance, loss of damaged item(s).
- Copy of Filled out claim sheet
- Copy of you move contract
- Photographs

Please mail or email this form & any\all documents requested to:

Décor Moving Services
 5110-A Fulton Industrial Blvd
 Atlanta, GA 30336
 (404) 505-5560

office@decormoving.com

