PRESENT	ATION OF SHOP	RIAGE OR DAMAGE CLAIM	FOR CARRIEF	R USE ONLY
This Claim is fo	or (check one): SHC	DRTAGE DAMAGE Send to: Lakeville Motor Express, Inc. P.O. Box 130280		
		Roseville, MN 55113 Claim Dept. Fax: 651-636-2228	CLAIMANT'S CL	AIM NUMBER
CLAIMANT (COMPAI	NY NAME)			
ADDRESS		AMOUNT	CLAIMED \$	
		Claim is for: F	ull Value Repair _	Allowance
CITY/STATE/ZIP		PLEASE REFER TO THE CA	RRIER PRO NUMBER IN ALL	. CORRESPONDENCE
PHONE NUMBER (w	v/AREA CODE)			
FAX NUMBER (w/AREA CODE)		CARRIER FREIGHT BILL/PRO NUI	CARRIER FREIGHT BILL/PRO NUMBER BILL DATE	
E-MAIL ADDRESS				
SHIPPER (COMPANY NAME)		CONSIGNEE (COMPANY NAME)]
ADDRESS		ADDRESS	ADDRESS	
				OF EXPLANATION IF THERE ARE SPECIAL
CITY/STATE/ZIP		CITY/STATE/ZIP		CIRCUMSTANCE WE SHOULD KNOW ABOUT
PHONE NUMBER (v	v/AREA CODE)	PHONE NUMBER (w/AREA CODE)		
			AGE	_
NO. OF PCS.	DE	SCRIPTION OF ARTICLES, INCLUDING MODEL NO	. ETC.	
			TOTAL AMOUNT CLAIME	D \$
	SHORTAGE CLAIMS: S	R CUSTOMERS: THE FOLLOWING MUST BE INCLU SUBMIT ITEMS 1-3 DAMAGE CLAIMS	S: SUBMIT ITEMS 1-6	LAIM
1.	inal vendor's invoice (proof of ible copy of freight bill or origin, jinal bill of lading or bond of inc rier's inspection report, where o ice for repair or re-coopering,	purchase cost) or photo static copy showing all discoul al paid freight bill if available. demnity in lieu thereof.	nts. (please include entire invoi	ce.)
claimed short ha		e, it will speed conclusion if claim includes a signed state any source and further notification will be given to the		
freight bill are no is picked up by	ot submitted. Claims must be	ect, and agrees to indemnify the carrier against loss in filed within 9 months from the date of delivery. Salvag as 120 days to conclude a claim or advise claimant in w	e must be retained until a claim	n has been concluded
	BE COMPLETED!	O I CALATU		
orm 2001-LD-4	(Rev. July, 2008)	SIGNATUR	RE OF CLAIMANT	