

SALVAGE DISPOSITION FORM

Include this completed form in PDF format as page one with your submitted work product.

Insd _____ DOL _____
 Owner _____ Zip Code _____ Date Insp _____
 Claim # _____ Plate # _____ Color _____
 Apprl Co. _____
 Year _____ Make _____ Model _____ Mileage _____

VIN _____

SALVAGE EXPEDITER INFO.

Veh. Location _____ Phone # _____
 Street _____ City/State/Zip _____
 TOW # _____ Release ? Verbal Written
 1st TOW \$ _____ In Out Drivable Yes No
 Storage/Day _____ Police Tow Yes No
 Fenced Y N Lighted Y N

2nd TOW \$ _____ In Out
 Storage/Day _____
 Fenced Y N Lighted Y N

Comments: _____

ACV FROM CCC
\$ _____

APPRAISAL AMOUNT
\$ _____

Primary Area of Impact _____

Appraiser _____ Appr. License # _____ Date Prepared _____

Appraiser Direct Phone # _____