

SALVAGE MOVEMENT RECORD

(Note: This form must be attached to each appraisal report filled out)

Claim No: Date of Loss:

Date of inspection: Date of REinspection:

Registered Owner:

Year: Make: Model:

License Plate No: State:

V.I.N.:

Vehicle Inspected at:

City: State: Zip:

Vehicle movement authorized/confirmed by:

Moved to: Stock #:

Vehicle Released: YES NO

Advised 48HR Storage: YES NO

Name of Person Advised of 48 HR Notice:

When:

How:

NEGOTIATED FINAL STORAGE AMOUNT

Storage Date From: To: At: \$ per day

Teardown Fees: Labor & Misc:

Advance Charges: Tow: \$
(Request copy of invoices)

Total Amount To Pick Up Vehicle \$

Advised NOT TO Teardown:

Advised NOT TO Order Parts

Advised Shop and R/O NO Adm Fees: