

Customer Check-Off Sheet

Kearney Moving Service
2180 25th Rd, Kearney, NE 68847
Mail to: P.O. Box 1357, Kearney, NE 68848

Customer _____
Tag Color: _____ **Lot Number:** _____

REGISTRATION NUMBER

This is an item check-off list used to assist in verifying all items on your inventory were received. Please describe any loss or damage on this form.

																				List of Items	Tag No. Not
																				RCVD-No Tags	Checked Off
1	26	51	76	101	126	151	176	201	226	251	276	301	326	351	376	401	426	451	476	_____	_____
2	27	52	77	102	127	152	177	202	227	252	277	302	327	352	377	402	427	452	477	_____	_____
3	28	53	78	103	128	153	178	203	228	253	278	303	328	353	378	403	428	453	478	_____	_____
4	29	54	79	104	129	154	179	204	229	254	279	304	329	354	379	404	429	454	479	_____	_____
5	30	55	80	105	130	155	180	205	230	255	280	305	330	355	380	405	430	455	480	_____	_____
6	31	56	81	106	131	156	181	206	231	256	281	306	331	356	381	406	431	456	481	_____	_____
7	32	57	82	107	132	157	182	207	232	257	282	307	332	357	382	407	432	457	482	_____	_____
8	33	58	83	108	133	158	183	208	233	258	283	308	333	358	383	408	433	458	483	_____	_____
9	34	59	84	109	134	159	184	209	234	259	284	309	334	359	384	409	434	459	484	_____	_____
10	35	60	85	110	135	160	185	210	235	260	285	310	335	360	385	410	435	460	485	_____	_____
11	36	61	86	111	136	161	186	211	236	261	286	311	336	361	386	411	436	461	486	_____	_____
12	37	62	87	112	137	162	187	212	237	262	287	312	337	362	387	412	437	462	487	_____	_____
13	38	63	88	113	138	163	188	213	238	263	288	313	338	363	388	413	438	463	488	_____	_____
14	39	64	89	114	139	164	189	214	239	264	289	314	339	364	389	414	439	464	489	_____	_____
15	40	65	90	115	140	165	190	215	240	265	290	315	340	365	390	415	440	465	490	_____	_____
16	41	66	91	116	141	166	191	216	241	266	291	316	341	366	391	416	441	466	491	_____	_____
17	42	67	92	117	142	167	192	217	242	267	292	317	342	367	392	417	442	467	492	_____	_____
18	43	68	93	118	143	168	193	218	243	268	293	318	343	368	393	418	443	468	493	_____	_____
19	44	69	94	119	144	169	194	219	244	269	294	319	344	369	394	419	444	469	494	_____	_____
20	45	70	95	120	145	170	195	220	245	270	295	320	345	370	395	420	445	470	495	_____	_____
21	46	71	96	121	146	171	196	221	246	271	296	321	346	371	396	421	446	471	496	_____	_____
22	47	72	97	122	147	172	197	222	247	272	297	322	347	372	397	422	447	472	497	_____	_____
23	48	73	98	123	148	173	198	223	248	273	298	323	348	373	398	423	448	473	498	_____	_____
24	49	74	99	124	149	174	199	224	249	274	299	324	349	374	399	424	449	474	499	_____	_____
25	50	75	100	125	150	175	200	225	250	275	300	325	350	375	400	425	450	475	500	_____	_____

DAMAGES NOTED AT TIME OF DELIVERY

INV #	Description of Damage	INV #	Description of Damage	INV #	Description of Damage	INV #	Description of Damage
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Was there any property damage at:
Origin: No Yes/Description _____
Destination: No Yes/Description _____

I choose to forego my option to check-off (verify) the items being delivered to my residence. All items loaded have been received and obvious loss or damage has been noted. Customer Signature _____

This form does not constitute a claim. If there is loss or damage, you can obtain a claim form from our office by calling (308) 237-2445 or (800) 927-7559.

Driver Signature _____ Date _____

Customer Signature _____ Date _____

Everything Received? Yes No