



Damage Claim Form

Library Name: _____ Date: _____

Address: _____

Contact Name: _____

Email: _____

Description of Goods: _____

Describe Damage: _____

InfoExpress Parcel Number: _____

Date: of Damage: _____ Cost of Damage: \$ _____

I/We declare that the answers given above are true and correct and I/we have not withheld any material information which will directly or indirectly affect the acceptance of this claim.

Signature of Claimant: _____ Date: _____

Title: _____

Fax completed form to 317-232-0002 or email to StatewideServices@library.in.gov