





REQUEST FOR CLAIM PAYMENT

Include the lesser of your **actual** cost of the merchandise, **replacement** cost or **repair** cost if repairable. Specify which cost you are including. Include your transportation charges. For future reference, this claim is identified by **Claim Number 3982565401A**, and **Shipper Number 398E31**.

SHIPMENT TO: CARLTON COLEMAN 5824 WHITE PEBBLE PATH CLARKSVILLE MD 21029	
Shipper Number	
Could this merchandise be replaced for your customer? Yes No If damaged, is the merchandise repairable? Yes No If damaged, UPS may issue a Recovery Call Tag to take possession of the merchandise.	
Quantity Merchandise 6 REMOTE CONTR	Actual, Replacement or Repair Cost
6 REMOTE CONTR	
	Transportation Charges: # 20.73 otal Amount Requested: # 977.49
Please provide a contact name and telephone number in the event further communication is necessary.	
CONTACT NAME: ALFONSO LIND PHONE: 800-510-3921	
Please provide any additional Tracking Number(s) for the above shipment: Tracking Number(s): い / ふ	

Claim documentation is no longer accepted via mail or fax.
Please upload your documentation using the links provided on page 1 to access Claims on ups.com.

