



ORIGIN/DESTINATION RESIDENCE INSPECTION REPORT

ATLAS VAN LINES, INC.
1212 ST. GEORGE ROAD, P.O. BOX 509
EVANSVILLE, INDIANA 47703-0509
(800) 252-8885 / (812) 424-2222

CUSTOMER NAME _____	ATLAS REGISTRATION NO. _____
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U.S. DOT No. 125550

ORIGIN ADDRESS _____ **CITY** _____ **STATE** _____

Agent/Van Operator Walk Through Prior to Loading:

Room	Condition/Exceptions	Room	Condition/Exceptions

Customer Signature _____ Date _____
 Agent/Van Operator Signature _____ Date _____
 Agent Code _____ PVO Code _____

Customer Inspection of Residence After Loading (check appropriate box):

- I have inspected the origin residence and do not find any damages to the residence or property caused by Atlas.
- I have inspected the origin residence after loading and found the following new damage:

Room	Condition/Exceptions	Room	Condition/Exceptions

Customer Signature _____ Date _____
 Agent/Van Operator Signature _____ Date _____
 Agent Code _____ PVO Code _____

DESTINATION ADDRESS _____ **CITY** _____ **STATE** _____

Agent/Van Operator Walk Through Prior to UNLoading:

Room	Condition/Exceptions	Room	Condition/Exceptions

Customer Signature _____ Date _____
 Agent/Van Operator Signature _____ Date _____
 Agent Code _____ PVO Code _____

Customer Inspection of Residence After Unloading (check appropriate box):

- I have inspected the destination residence and do not find any damages to the residence or property caused by Atlas.
- I have inspected the destination residence after unloading and found the following new damage:

Room	Condition/Exceptions	Room	Condition/Exceptions

Customer Signature _____ Date _____
 Agent/Van Operator Signature _____ Date _____
 Agent Code _____ PVO Code _____