

# WALTCO, INC. – WATER DAMAGE CLAIM FORM

Please complete this form in its entirety to ensure accuracy and promptness in the processing of the claim. Please submit one claim form per item. Damage claims only apply to water damage as it is not possible to trace where/when other damage occurred.

| This Section to be filled out by the Customer:  |        |  |     |    |
|---|--------|--|-----|----|
| Information:  |        | Description:   | Yes | No |
| Customer #:   | N/A *  | <b>Was the item water damaged?</b>   |     |    |
| Order #:  | N/A    | <b>Item value =</b>  | \$  |    |
| <b>Date of Claim:</b>   |        | <b>Shipping charge less insurance =</b>  | \$  |    |
| <b>Date of Shipment:</b>  |        | \$   |     |    |
| <b>Customer/Party payment should be made out to *:</b>  |        | <b>Total amount of claim =</b>   | \$  |    |
| <b>Mailing Address of Party to be Reimbursed:</b>   |        | * = <b>ATTN WALTCO:</b> This library is a member of the Nicolet Federated Library System (NFLS) which has the customer account with Waltco. However, please reimburse the library, not NFLS, for any water damage. |     |    |
| <p><b><u>Notes/Details of the item, water damage and how the water damage appears to have occurred in transit:</u></b> (if there's not enough room in this section, please continue on the back side of this form)</p> <p><b>*** The claimant library must enclose the water damaged item.***</b></p> |        |  |     |    |
| Completed by (your name):   |        | Tel. #:  |     |    |
| Your Signature:   |        | Fax #:   |     |    |
| Date:   | Email: |  |     |    |
| <p>Submission of this claim form does not guarantee that any or all of the claim will be paid in full. Waltco reserves the right to: a.) collect for inspection any items that claims are presented against, and b.) assume ownership of all parts that claims are paid against.</p>                  |        |  |     |    |
| <b>Official use / This section to be filled out by Waltco staff – Please circle one:</b>  |        |  |     |    |
|   |        | <b>Claim Denied:</b>   | Yes | No |
|   |        | <b>Claim Approved:</b>   | Yes | No |
| <b>If denied, please explain why:</b>   |        |  |     |    |
| Dept.:  |        |  |     |    |