

Attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Filing a Claim under the Full Replacement Value Program

Please be advised that I wish to file a claim for loss and/or damage to my personal property which was shipped at Government expense from

\_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_.

I am providing the following information as well as my DD Form 1840/1840R listing my loss/damage.

Government Bill of Lading Number: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_