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DAMAGE NOTIFICATION REPORT FORM

| | | | | |
|---------------|--|---------------------|----|-----|
| Today's Date | | Trailer/Container # | | |
| Your Name | | | | |
| Company Name | | | | |
| Address | | City | ST | Zip |
| Phone # | | Fax # | | |
| eMail Address | | | | |

| | | | | |
|----------------------|--|-------|----|-----|
| Actual Receiver Name | | | | |
| Address | | City | ST | Zip |
| Phone # | | Fax # | | |
| E Mail Address | | | | |

| | |
|-----------|-------------|
| Ship Date | Unload Date |
|-----------|-------------|

| | | | | |
|----------------------------|--------------------|--|------------|---|
| COMMENTS | | | | |
| Items Damaged | | | | |
| | | | | |
| PO#'S | | | | |
| Product Damage Description | | | | |
| | | | | |
| Type of Damage | Wet | | Load Shift | |
| Recouping Disposition | | | | |
| Value \$ | Door Seals Intact? | | Y | N |
| Securement Method | Photos Taken? | | Y | N |
| Repetitive Damage Problem? | Y | | N | |

*This form is for **Genex notification only**. Consignees should continue to make proper notations on the actual carrier delivery receipt at time of delivery.