



Damaged Equipment Notice of Claim – RPP

Customer Information

Date of Loss		Company Name	
<input type="text"/>		<input type="text"/>	
Contact Name		Account Number	
<input type="text"/>		<input type="text"/>	
Email		Phone Number	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
City		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

Equipment Information

Address Where Equipment is Currently Located			
<input type="text"/>			
Equipment Number		Cat Class Description	
<input type="text"/>		<input type="text"/>	
Rental Contract Number			
<input type="text"/>			
Serial Number			
<input type="text"/>			
Make	Model		Year
<input type="text"/>	<input type="text"/>		<input type="text"/>
Comments About the Damage			
<input type="text"/>			