



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.

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 _____

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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 _____