



## Vehicle Pick-up Request

PO Box 480  
480 New Bethel Road  
Carnesville, GA 30521  
Phone: (706) 567-6000 Fax: (706) 384-4644  
email: [ap@weaverparts.com](mailto:ap@weaverparts.com)

[www.weaverparts.com](http://www.weaverparts.com)

### ADJUSTER INFORMATION

Insurance Company name \_\_\_\_\_  
Adjuster name \_\_\_\_\_  
Adjuster email \_\_\_\_\_  
Phone number \_\_\_\_\_

### VEHICLE INFORMATION

Release Needed? Police  <sup>Y</sup>  <sup>N</sup> Owner  <sup>Y</sup>  <sup>N</sup>  
ACV \_\_\_\_\_  
Date of Loss \_\_\_\_\_  
Will Vehicle tow?  <sup>Y</sup>  <sup>N</sup>  
Location of damage? \_\_\_\_\_  
Insured name \_\_\_\_\_  
Owner name \_\_\_\_\_  
Is Vehicle total burn?  <sup>Y</sup>  <sup>N</sup>  
Make and Year of Car \_\_\_\_\_  
Color of vehicle \_\_\_\_\_  
VIN number \_\_\_\_\_  
(at least last six digits)  
Claim or policy number \_\_\_\_\_

### LOCATION OF SALVAGE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_  
Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_