



Vehicle Pick-up Request

PO Box 480

480 New Bethel Road

Carnesville, GA 30521

Phone: (706) 567-6000 Fax: (706) 384-464

email: lynndavis@weaverparts.com

ADJUSTER INFORMATION

Insurance Company name _____

Adjuster name _____

Adjuster email _____

Phone number _____

VEHICLE INFORMATION

Release Needed? Police ^Y ^N Owner ^Y ^N

ACV _____

Date of Loss _____

Will Vehicle tow? ^Y ^N

Location of damage? _____

Insured name _____

Owner name _____

Is Vehicle total burn? ^Y ^N

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 _____