



SALVAGE PICKUP FORM
(Fax to Salvage Dept. @ 224-5616)

TO BE FILLED BY REPAIR SHOP

Claim #:

Owner's Name:

Body Shop:

Body Shop Address:

Shop Ref. #:

Claim Centre:

Plate Number:

Year:

Make:

Model:

The Following Parts are to be Picked Up:

Date:

SIGNATURE (Please PRINT):

◆ **NOTE:** Repair Shop to attach original copy to MPI billing copy.

TO BE FILLED OUT BY SALVAGE DEPT./ESTIMATOR

Parts Received: Yes No

COMMENTS:

DATE:

SIGNATURE: _____

- NOTE:**
- This Original form must be attached to the MPI billing copy once Completed.
 - If any parts are unavailable, please send completed form to Estimating Coordinator.
 - The Repair Shop must supply a photo copy of this form to the person picking up the salvage.