

## BAGGAGE TRACER/CLAIM TO BE COMPLETED BY CUSTOMER

2100 E. 26th Street, Minneapolis, MN 55404

2100 E. 20th Street, Minneapons, Min 33404			AMAGE ER - Ext	□ olain on a		NG ARTICLES e sheet	
AGENT'S BLS FILE NO:		A 2 3					
NAME □ MR. □ MS.	HOME PHONE	HOME PHONE			BUSINESS PHONE		
HOME ADDRESS		OCCUPATION			SOCIA	L SECURITY NUMBER	
CITY STATE ZIP CO	DE BA	GGAGE CHECKED BY DRIVER	(: AGENT □ 01	HER	NU	JMBER OF PIECES CHECKED	
BAGGAGE CHECKED FROM BAGGAGE CHECKED TO D.	ATE CHECKED	DEPARTURE TI		DATE OF ARI	RIVAL	TIME OF ARRIVAL	
BAGGAGE CHECK NO. (INCLUDING PREFIX) COMPANY ISSUED BAGGA		, –	P.M. GGAGE CHEC	rked I	NOTE: IF BAGGAGE WAS NOT		
Bridding Career (and Career and C		□ A.M. □ P.M.			CHECKED, ATTACH SEPARATE EXPLANATION		
LIST MAJOR CITIES ENROUTE TO DESTINATION	HAVE YOU FILE	HAVE YOU FILED ANY CLAIM IN THE PAST TWO YEARS?					
LIST ALL NAMES ON OUTSIDE OF BAGGAGE	☐ YES - WHIC	☐ YES - WHICH BUS COMPANY?  LIST ALL NAMES INSIDE OF BAGGAGE					
LIST ALL NAMES ON OUTSIDE OF BAGGAGE		LIST ALL NAME	S INSIDE OF	BAGGAGE			
LIST AND FULLY DESC					G FILED		
	OF (Indicate color, Material and Brand Name)		IAN'S (M)  MAN'S (W)  DATE OF PURCHASE		PURCHASI		
ARTICLES If more space is needed, attach additional sheet		CHILD'S (C)	Mo.	Yr.	COST REPAIR COST		
			ļ				
*	(8)						
	Washington Windows Indiana		10				
					***************************************		
-					uwau_www===#IIWous		
			1		***************************************		
-			<b>-</b>				
	2						
DESCRIBE CONTAINER (Refer To Baggage Identification Chart - Be Sure To Show Type.  TYPE COLOR MATERIAL S	ACOUST CONTINUES NO.	BRAND					
TYPE COLOR MATERIAL SIZE (S-M-L) BRAND  ATTACH: Passenger's Original Baggage Claim Check and			_				
Passenger's Original Ticket Receipt			TOTAL CLAIMEI	\$		\$	
WHEN FOUND FORWARD BAGGAGE TO (AGENCY-CITY)				3		3	
I certify that I am the sole owner of the above described property,	which has been lost or	r damaged as specified	and that the st	atements given	are true. I a	also certify that the property for	
which loss claim is filed has not been received from any source.							
Mr.							
(Witness)		aimant's Signature)				(Date)	
If claimant is a minor, give name and address of parent or legal g	suaitian,						
Name Address		City	S	tate		Zip	
(Agent's Signature) (Tracing	g Station)	w	(Compan	y)		(Date)	
WHITE - Mpls. TRACING/C	CLAIM DEPT	YELLOW - AGENT	E	INK - PASSEN	GFR	48	
			1				