



**UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE SERVICES
 TYPE 2 AND TYPE 3 PACKAGE AGENCY DISCREPANCY CLAIM
 IN-TRANSIT BREAKAGE**

P.A. NUMBER: _____ **CITY/TOWN:** _____ **SALES ORDER #:** _____ **DATE:** _____

PRODUCT CODE	PRODUCT DESCRIPTION	PRODUCT SIZE	QUANTITY	COMMENT

 PACKAGE AGENT SIGNATURE

 DELIVERY DRIVER SIGNATURE

 PACKAGE AGENT NAME (PRINTED)

 DELIVERY DRIVER NAME (PRINTED)

YOU MUST INCLUDE PHOTOS OF PRODUCT DAMAGED IN TRANSIT

According to the Package Agency Agreement paragraph IV-F-5, submit this form within 72 hours of receiving the shipment.

Send to DABSLQ9@utah.gov