



UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE SERVICES
TYPE 2 AND TYPE 3 PACKAGE AGENCY LOAD DISCREPANCY CLAIM
OVER/UNDER

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

PRODUCT CODE	PRODUCT DESCRIPTION	PRODUCT SIZE	QUANTITY	OVER (check box)	UNDER (check box)	COMMENT

PACKAGE AGENT SIGNATURE

DELIVERY DRIVER SIGNATURE

PACKAGE AGENT NAME (PRINTED)

DELIVERY DRIVER NAME (PRINTED)

YOU MUST INCLUDE PHOTOS OF THE OVERAGE PACKAGING

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