

**COLLEGE STORAGE &
STUDENT SERVICESSM
877.325.3330**

DOMESTIC SHIPPING FORM

SHIP TO NAME: _____

ADDRESS: _____ **APT #:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____ **CONTENTS:** _____

DECLARED VALUE: \$ _____ **(Insurance)**
(First \$100 FREE. \$3 per additional \$100. \$1,000. 00 max.)

(Print & fold here. Place inside clear plastic pouch then adhere to side of box)

