|  |  |
| --- | --- |
| **PARCEL SHIPPING ORDER** | |
| Nott Street Office  2215 Nott Street | Niskayuna, NY 12309  Tel 518.382.2663 | Fax 518.382.8164 | (*This box to be completed by Nott Street Office)*    Parcel Shipping Order No.: |

|  |  |
| --- | --- |
| **CUSTOMER (please print)** | |
| Name | Date |
| Street | Phone |
| City/State/Zip | Daytime Phone |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PKG.** | **SEND TO** | **LIST ALL CONTENTS** | **DECLARED**  **VALUE** | **BREAKABLE** |
| 1 | Name |  | $ | ⃝ Yes ⃝ No |
| Street | Packed by Customer | Recipient’s  address is:  ⃝ Residential  ⃝ Commercial |
| City/  State/Zip | Tel | ⃝ Yes ⃝ No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PKG.** | **SEND TO** | **LIST ALL CONTENTS** | **DECLARED**  **VALUE** | **BREAKABLE** |
| 2 | Name |  | $ | ⃝ Yes ⃝ No |
| Street | Packed by Customer | Recipient’s  address is:  ⃝ Residential  ⃝ Commercial |
| City/  State/Zip | Tel | ⃝ Yes ⃝ No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PKG.** | **SEND TO** | **LIST ALL CONTENTS** | **DECLARED**  **VALUE** | **BREAKABLE** |
| 3 | Name |  | $ | ⃝ Yes ⃝ No |
| Street | Packed by Customer | Recipient’s  address is:  ⃝ Residential  ⃝ Commercial |
| City/  State/Zip | Tel | ⃝ Yes ⃝ No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PKG.** | **SEND TO** | **LIST ALL CONTENTS** | **DECLARED**  **VALUE** | **BREAKABLE** |
| 4 | Name |  | $ | ⃝ Yes ⃝ No |
| Street | Packed by Customer | Recipient’s  address is:  ⃝ Residential  ⃝ Commercial |
| City/  State/Zip | Tel | ⃝ Yes ⃝ No |

I certify that the contents listed above and the declared value for each package are truthful.

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_