



INVENTORY CONTROL FORM

TRANSFEEE: Paul Toomey REFERENCE #: ICX-567085-S1 PIECE #: # OF PIECES: 0

DESTINATION: CONTAINER TYPE: FCL STORAGE BOX #: MODE:

PACKED BY: TAG COLOR & PREFIX: DATE:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260
261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280
281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300
301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320
321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340
341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360
361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380
381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400
401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420
421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440
441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460
461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480
481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500
501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520
521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540
541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560
561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580
581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600

Customer Responsibility: It is your responsibility to check off the items delivered and make any notations of new damage, missing items or items without inventory tags. Proper completion of the Inventory Control Form and appropriate notations on the Descriptive Inventory will expedite the claims resolution process.

- I have checked off the Inventory Control Form.
- I waive the right to check off the Inventory Control Form. I understand that waiving my rights will impact my ability to claim missing items.

REMARKS


DRIVER/CREW CHIEF SIGNATURE

12/2/25
DATE


CUSTOMER/TRANSFEEE SIGNATURE

12/2/25
DATE



1380 Gateway Drive Suite #5 | Elgin | Illinois 60124 USA
 Tel: +1 630.246.7100 | Toll: 1.800.242.8514 | Fax: +1 630.246.7111
 Website: www.interconex.com | Email: info@interconex.com

ASSIGNEE NAME Paul Toomey	ADDRESS 58 Dun Emer Avenue Lusk, Co Dublin, Ireland K45 VX07
REFERENCE # ICX-567085-S1	
CLIENT NAME Cornerstone Relocation Group	

This is to conform that the following services were provided at the time of packing/unpacking, please have the assignee initial to those services rendered in the appropriate section below.

SERVICE PROVIDED	YES	NO	NUMBER OF HOURS SPEN
Selected tems were crated/uncrated Quantity of crate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A shuttle vehicle was used due to restrictions outside the residence.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Additional collection of items.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Additional Debris collection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Outside elevator was required: Please specify if Used for Half a day:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A Long carry / Stair carry was required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
External electrician / handyman (not crew member)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Weekend Packing / Delivery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Parking permit suspension / Permit arranged.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Boxes be left packed at my request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other services: If yes please list:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

COMMENTS

Paul Toomey
 ASSIGNEE

12/2/25
 DATE

[Signature]
 CREW LEADER

12/2/25
 DATE



Interconex
Global Moving Solutions

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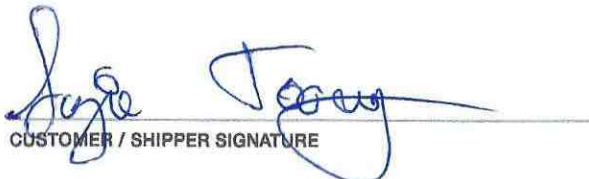
SHIPPER Paul Toomey	REFERENCE # ICX-567085-S1
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Walk Through Agreement / Condition Report - Delivery Day

Please note carefully, this form is for your protection

This will acknowledge that the driver / crew chief and customer / shipper have done a thorough walk through of the residence after loading. All areas including but not limited to closets, cabinets, drawers, attics, basements, garages, and outside areas have been checked. Everything that is to be moved / shipped has been loaded. You, the customer, fully understand that if anything is left behind it is your responsibility to make arrangements to move the items. Any property damage to residence at origin needs to be documented at this time. It is also your responsibility to call and advise us of any claim situation.

REMARKS


CUSTOMER / SHIPPER SIGNATURE

12/2/25
DATE


DRIVER / CREW CHIEF SIGNATURE

12/2/25
DATE