



Form MCD-905
(Rev. 8/01)
1 of 1

Motor Carrier Division Household Goods Move- Mediation Request Form

Your Name: _____

Address: _____

City: _____ State: _____ ZIP Code _____ - _____

Home Phone: () - _____

Work Phone: () - _____

Fax Number: () - _____ E-mail: _____

Moving Company: _____

Agent Name: _____

Contact Person: _____

Phone Number: () - _____ Date of Move: _____

Moved From: _____

Moved To: _____

Amount of Claim: \$ _____ Claim Number: _____

Type of Claim: Rate Damage Service

Date You Filed	Date Moving	Date Moving
Claim With	Company	Company Made
Moving Company: _____	Denied Claim: _____	Settlement Offer: _____

Please describe your dispute and the resolution you are seeking: _____

Please complete this form and mail to the address below or fax your request to 512-465-7333. **Please include all paperwork you have pertaining to this move.** A copy of this mediation request will be provided to the mediator and the moving company.

Signature: _____ Date: _____

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023 and 559.004 of the Texas Government Code, you are entitled to receive and review the information, and to have us correct erroneous information.

For questions or comments concerning mediation requests, call 800/ 299-1700 (option 3) or write to: TxDOT-MCD, 125 E. 11th Street, Austin, Texas 78701. For more information, visit our web site at www.dot.state.tx.us (Select Trucking and Vehicle Storage Facilities”).