DOCUMENTS DELIVERY FORM
(ALL LETTERS IN CAPS)

Number Format:	Day		Month		Year				Time (24hrs)			
Delivery Number:												

PICK UP DETAILS			**DROP OFF DETAILS**		
SENDER NAME			**RECEIVER NAME**		
First Name			First Name		
Last Name			Last Name		
ID Verified ☑	YES	NO	ID Verified ☑	YES	NO
PICK UP DATE			**DROP OFF DATE**		
DAY	MONTH	YEAR	DAY	MONTH	YEAR
Pick up Time (24 hrs Format)			Drop off Time (24 hrs Format)		
PICK UP ADDRESS			**DROP OFF ADDRESS**		
Unit/Apt. Number			Unit/Apt. Number		
Street Number			Street Number		
Street Name			Street Name		
City			City		
Province			Province		
Postal Code			Postal Code		
Document Type ☑	Letter, Post Card, Invoice, Receipt, Financial Statement, Statement of Claim Application, Contract, Will, Estate Document, Passport, Drivers Licence, Photo ID Corporate Filing, Certificate, Degree, Transcript				
Other? Please Specify					
Sender Signature			**Receiver Name**		
Driver Signature			**Receiver Signature**		
Document (s) Delivered ☑	YES		NO		
Document Not Delivered/Returned Reason? Please Specify					

*Photo ID: Drivers Licence, Provincial Photo ID, Passport

*It is sender/receiver responsibility to go through the 'Documents Delivery Terms & Conditions' @ www.familyguys.ca