Moving Inventory List

Box #	Room	Contents	Fragile	Heavy	Loaded	Unloaded

Name_________________________________ Tel:_________________________ Estimate no:__________

Moving date___________________________ Email:____

This document is designed to help you to give us the information that we need in order to decide how much work, time and resources we need to give to your removal. Please take the time to fill this document in carefully, so you provide us with accurate information necessary for your quote. Should the information you have provided us with in the form change after we have given you your quote, please let us know as this may affect the quotation.

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Name________________________________ Tel:_________________________Estimate no:_________