

MOVING INVENTORY

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<input checked="" type="checkbox"/>	Kitchen	<input checked="" type="checkbox"/>	Dining Room
	Refrigerator		Dining Table
	Microwave		Chairs: _____ (number)
	Other: (specify) _____		China Cabinet/Hutch
			Other: (specify) _____
MOVING INVENTORY			
<input checked="" type="checkbox"/>	Living Room	<input checked="" type="checkbox"/>	Family Room/Den
	Sofa: Hide-a-bed? ___ Yes ___ No		Sofa: Hide-a-bed? ___ Yes ___ No
	Loveseat		Loveseat
	Recliner		Recliner
	Overstuffed Chair		Overstuffed Chair
	High Back Chair		High Back Chair
	Coffee Table		Coffee Table
	End Table(s): _____ (number)		End Table(s): _____ (number)
	Lamp(s): _____ (number)		Lamp(s): _____ (number)
	Floor Lamp(s): _____ (number)		Floor Lamp(s): _____ (number)
	Bookcase(s): _____(number)		Bookcase(s): _____ (number)
	Entertainment Center		Entertainment Center
	Television		Television
	Other Electronics: (specify) _____ _____		Other Electronics: (specify) _____ _____
	Other: (specify) _____ _____ _____		Other: (specify) _____ _____ _____

<input checked="" type="checkbox"/>	Master Bedroom	<input checked="" type="checkbox"/>	Bedroom 1
	Bed: ___ Full ___ Queen ___ King		Bed: ___ Twin ___ Full ___ Queen ___ Bunk Beds ___ Specialty
	Dresser(s): _____ (number)		Dresser
	Vanity		Vanity
	Mirror(s): _____ (number)		Mirror(s): _____ (number)
	Night Stand(s): _____ (number)		Night Stand(s): _____ (number)
	Lamps: _____ (number)		Lamps: _____ (number)
	Other: (specify) _____		Other: (specify) _____
	Other: (specify) _____		Other: (specify) _____
<input checked="" type="checkbox"/>	Master Bath	<input checked="" type="checkbox"/>	Bedroom 2
	Toilet Topper		Bed: ___ Twin ___ Full ___ Queen ___ Bunk Beds ___ Specialty
	Other: (specify) _____		Dresser
			Vanity
<input checked="" type="checkbox"/>	Bath 1		Mirror(s): _____ (number)
	Toilet Topper		Night Stand(s): _____ (number)
	Other: (specify) _____		Lamps: _____ (number)
			Other: (specify) _____
			Other: (specify) _____

<input checked="" type="checkbox"/>	Laundry Room	<input checked="" type="checkbox"/>	Other Room: (specify) ----- -
	Washer: ___ Front Load ___ Front Load with Pedestal ___ Top Load		
	Dryer: ___ Front Load ___ Front Load with Pedestal ___ Top Load		
	Stacked Washer & Dryer		
<input checked="" type="checkbox"/>	Garage	<input checked="" type="checkbox"/>	Shed
	Lawn Mower		
	Edger		
	Workbench(es): _____ (number)		
	Tool Chest(s): _____ (number)		
	Bicycle(s): _____ (number)		
	Other: (specify) ----- -		
	Other: (specify) ----- -		
<input checked="" type="checkbox"/>	Large Items - Special Handling Required	<input checked="" type="checkbox"/>	Yard
	Piano		Barbeque
	Pool Table		Picnic Table
	Gaming Table (ie: Foosball, Ping Pong, etc.)		Garden Table & Chairs: _____ (# of Chairs)
	Other: (specify) -----		Swingset
	Other: (specify)		Other: (specify)

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