

MOVING FORM REQUEST

REMINDER Box all loose items; seal boxes top and bottom; label or tag everything; empty desk, bookcases, storage cabinets, etc.; do not lock files or desks.

PRESENT LOCATION: _____ ROOM #

NEW LOCATION: _____ ROOM #

DATE NEEDED AT NEW LOCATION ____/____/____.

(Please fill out a request for each new location.)

LIST ITEMS TO BE MOVED - Please be as accurate as possible.
We need to know what size truck to bring.

Staff Desks

Student Desks

Staff Chairs

Student Chairs

File Cabinets

Bookcases

Tables

Carpets

Boxes

Other (List)

Other(please list):

NOTE: If moving entire room, please draw floorplan of new setup on reverse side of form.

Supervisor's Signature

Date