

Moving Checklist



Schedule Movers

_____	_____	_____
COMPANY	MOVE DATE	ARRIVAL TIME
_____	_____	_____
CONTACT NAME	CONTACT PHONE	CONTACT EMAIL

Secure Parking

Downsize

- Bedrooms Living Room Kitchen Garage

Donation Drop-Off / Pick-Up: _____ DATE _____ TIME

Dumpster Rental: _____ DATE _____ TIME

Get Materials

- Boxes Tape Markers

Packing

<input type="checkbox"/>	_____	_____	_____	_____
	Room	Date	Room	Date
<input type="checkbox"/>	_____	_____	_____	_____
	Room	Date	Room	Date
<input type="checkbox"/>	_____	_____	_____	_____
	Room	Date	Room	Date

Last-Minute Prep

Address Change

- | | | | |
|---------------------------------|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> USPS | <input type="checkbox"/> DMV | <input type="checkbox"/> Banks | <input type="checkbox"/> Work |
| <input type="checkbox"/> Amazon | <input type="checkbox"/> Maintenance | <input type="checkbox"/> School Records | <input type="checkbox"/> _____ |

Transfer Utilities

- | | | | |
|-----------------------------------|----------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Garbage | <input type="checkbox"/> Water | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Phone | <input type="checkbox"/> Cable | <input type="checkbox"/> _____ |

Essentials

- | | | | |
|---|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bedding | <input type="checkbox"/> Towels | <input type="checkbox"/> Dinnerware | <input type="checkbox"/> Coffee Maker |
| <input type="checkbox"/> Devices & Cables | <input type="checkbox"/> Shower Curtain | <input type="checkbox"/> Clothes | <input type="checkbox"/> Toiletries |
| <input type="checkbox"/> Shoes | <input type="checkbox"/> Medicines | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Documents |