



## Moving Inventory Checklist

<p><b>FROM</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State/ZIP _____</p> <p>Phone _____</p> <p><b>TYPE</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> House</td> <td><input type="checkbox"/> Apartment</td> <td><input type="checkbox"/> Office</td> </tr> <tr> <td><input type="checkbox"/> One Story</td> <td><input type="checkbox"/> Lower</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Two Story</td> <td><input type="checkbox"/> Upper</td> <td></td> </tr> </table>	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Office	<input type="checkbox"/> One Story	<input type="checkbox"/> Lower	<input type="checkbox"/> Other _____	<input type="checkbox"/> Two Story	<input type="checkbox"/> Upper		<p><b>TO</b></p> <p>Address _____</p> <p>City _____ State/ZIP _____</p> <p>How did you hear about Anderson Moving? _____</p>
<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Office								
<input type="checkbox"/> One Story	<input type="checkbox"/> Lower	<input type="checkbox"/> Other _____								
<input type="checkbox"/> Two Story	<input type="checkbox"/> Upper									

**LIVING ROOM**

<input type="checkbox"/> Couch(es)	<input type="checkbox"/> Bookcase	<input type="checkbox"/> Mirror(s)	<input type="checkbox"/> Ottoman
<input type="checkbox"/> Coffee Table	<input type="checkbox"/> TV Stand	<input type="checkbox"/> Recliner	<input type="checkbox"/> Décor
<input type="checkbox"/> End Tables	<input type="checkbox"/> Armchair(s)	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Wall Art
<input type="checkbox"/> Area Rug	<input type="checkbox"/> Loveseat(s)	<input type="checkbox"/> Shelves	<input type="checkbox"/> Coat Rack
<input type="checkbox"/> Television	<input type="checkbox"/> Stereo	<input type="checkbox"/> Lamp(s)	<input type="checkbox"/> _____

**DINING ROOM**

<input type="checkbox"/> Table	<input type="checkbox"/> China	<input type="checkbox"/> Mirrors	<input type="checkbox"/> _____
<input type="checkbox"/> Chairs	<input type="checkbox"/> Chandelier	<input type="checkbox"/> Wall Art	<input type="checkbox"/> _____
<input type="checkbox"/> Hutch	<input type="checkbox"/> Shelves	<input type="checkbox"/> Lamps	<input type="checkbox"/> _____
<input type="checkbox"/> Area Rug	<input type="checkbox"/> Table Leaf	<input type="checkbox"/> Desks	<input type="checkbox"/> _____
<input type="checkbox"/> Curio Cabinet	<input type="checkbox"/> Décor	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**KITCHEN**

<input type="checkbox"/> Fridge	<input type="checkbox"/> Microwave	<input type="checkbox"/> Wine Rack	<input type="checkbox"/> Décor
<input type="checkbox"/> Freezer	<input type="checkbox"/> Bar	<input type="checkbox"/> Toaster Oven	<input type="checkbox"/> _____
<input type="checkbox"/> Stove	<input type="checkbox"/> Bar Stools	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____
<input type="checkbox"/> Table	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Pots/Pans	<input type="checkbox"/> _____
<input type="checkbox"/> Chairs	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Curtains	<input type="checkbox"/> _____

**OFFICE/DEN**

<input type="checkbox"/> Desk	<input type="checkbox"/> Desk Chair	<input type="checkbox"/> Décor	<input type="checkbox"/> _____
<input type="checkbox"/> Computers	<input type="checkbox"/> Lamps	<input type="checkbox"/> Aquarium	<input type="checkbox"/> _____
<input type="checkbox"/> Copier	<input type="checkbox"/> Telephone	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> File Cabinets	<input type="checkbox"/> Shredder	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Fax	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**BEDROOM(S)**

<input type="checkbox"/> # Bedrooms	<input type="checkbox"/> Dressers	<input type="checkbox"/> Vanity	<input type="checkbox"/> Shelves
<input type="checkbox"/> Beds	<input type="checkbox"/> Armoire	<input type="checkbox"/> Lamp(s)	<input type="checkbox"/> Décor
<input type="checkbox"/> # King	<input type="checkbox"/> Television	<input type="checkbox"/> Night Stands	<input type="checkbox"/> Wall Art
<input type="checkbox"/> # Queen/Full	<input type="checkbox"/> Headboards	<input type="checkbox"/> Mattresses	<input type="checkbox"/> _____
<input type="checkbox"/> # Twin	<input type="checkbox"/> Rockers	<input type="checkbox"/> Chairs	<input type="checkbox"/> _____

**BATHROOM(S)**

<input type="checkbox"/> Cabinets	<input type="checkbox"/> Bath Mats	<input type="checkbox"/> Toiletries	<input type="checkbox"/> _____
<input type="checkbox"/> Mirrors	<input type="checkbox"/> Cleaners	<input type="checkbox"/> Décor	<input type="checkbox"/> _____
<input type="checkbox"/> Trash Can	<input type="checkbox"/> Fixtures	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Shower Head	<input type="checkbox"/> Hampers	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Curtains	<input type="checkbox"/> Towels	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**GARAGE**

<input type="checkbox"/> Lawn Mower	<input type="checkbox"/> Bikes	<input type="checkbox"/> Grill	<input type="checkbox"/> _____
<input type="checkbox"/> Power Tools	<input type="checkbox"/> Table Saw	<input type="checkbox"/> Treadmill	<input type="checkbox"/> _____
<input type="checkbox"/> Snow Blower	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Patio Table	<input type="checkbox"/> Bins	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Patio Chairs	<input type="checkbox"/> ATV	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**BASEMENT**

<input type="checkbox"/> Couch(es)	<input type="checkbox"/> Bookcase	<input type="checkbox"/> Mirror(s)	<input type="checkbox"/> Ottoman
<input type="checkbox"/> Washer	<input type="checkbox"/> TV Stand	<input type="checkbox"/> Recliner	<input type="checkbox"/> Décor
<input type="checkbox"/> Dryer	<input type="checkbox"/> Armchair(s)	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Wall Art
<input type="checkbox"/> Freezer	<input type="checkbox"/> Loveseat(s)	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____
<input type="checkbox"/> Work Bench	<input type="checkbox"/> Stereo	<input type="checkbox"/> Lamp(s)	<input type="checkbox"/> _____

**ADDITIONAL NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_