



YOUR MOVING CHECKLIST



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■ TIME TO MOVE ■

keep your move on track and prevent any important items
from slipping through the cracks

TIME TO MOVE



Iconic homes kc
the key to buying & selling

HOME MOVING CHECKLIST

This checklist helps you track the tasks involved with a move. If you have a question about a particular step in the process or need to add additional steps, write them in the notes and reminders space.

Prior to Moving Day:

- Decide if you will be handling your own packing and moving or hiring a professional service.
- Complete change-of-address forms.
- Arrange for any special care needed for children or pets on moving day.
- Coordinate with local trash company for bulk item pickups.
- Transfer prescriptions to a pharmacy closer to your new home.
- Register children at new schools if necessary.
- Contact all of your insurers and inform them of your move.
- Arrange for a cleaning crew to come in after you move.

Arrange to turn off or change over:

- | | |
|--|--|
| <input type="checkbox"/> Cable/Satellite Service | <input type="checkbox"/> Phone (if you have a land-line) |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Sewage |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> Water |
| <input type="checkbox"/> Gas | <input type="checkbox"/> _____ |



On Moving Day:

- Mark each box on the top and sides to indicate contents and the room in which they should be placed at your new home.
- Mark boxes that you want immediate access to at your new home.
- Keep possession of all valuables.
- Verify that utilities/services have been disconnected or transferred.
- Lock the doors and windows.
- Arrange for the old house keys and garage door opener to be provided to the new occupants.
- Leave your contact information with the new occupants so they can forward any mail, packages, etc., that are shipped to your old address.

After Moving In:

- Update your contact information on your driver's license.
- Register to vote at your new address.
- Order new checks.
- Familiarize yourself with the locations of grocery and drug stores, hospitals, police and fire stations—any place you plan to visit frequently or may need to find in an emergency.

Notify the following of your new address:

- | | |
|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Banks | <input type="checkbox"/> Insurance Providers |
| <input type="checkbox"/> Catalog Companies | <input type="checkbox"/> Medical Providers |
| <input type="checkbox"/> City, State, & Federal Government Agencies | <input type="checkbox"/> Newspaper/Magazines |
| <input type="checkbox"/> Credit Card Companies | <input type="checkbox"/> Veterinarian |
| | <input type="checkbox"/> _____ |



