



## Office Removal Checklist

<b>Company Name:</b>	
<b>From Address:</b>	
<b>To Address:</b>	

<b>Move Out Date:</b>	<b>Move In Date:</b>
<b>Approx Start Time:</b>	<b>Approx End Time</b>

## Accessibility

<b>Accessibility:</b>	Good/Average/Poor/Difficult		
<b>Floor:</b>	Ground/First/Second/Third		
<b>Lift:</b>	Yes/No	<b>Suitability:</b>	Furniture/Boxes Only



# ACCREDITED MOVERS

QUALITY CHECKED MOVING COMPANIES

## Agreed Services

<b>Disassembly</b>	<b>Yes/No</b>
<b>Reassembly</b>	<b>Yes/No</b>
<b>Basic IT Restoration</b>	<b>Yes/No</b>
<b>Desk Set Up</b>	<b>Yes/No</b>
<b>Filing Cabinet Relocation</b>	<b>Yes/No</b>

Please provide an estimate of the number of each of the following items:

<b>Desks</b>		<b>Small Boxes</b>	
<b>Desk Draw Units</b>		<b>Tall Storage Units</b>	
<b>Office Chairs</b>		<b>Large Laser Printer</b>	
<b>Filing Cabinets</b>		<b>Small Printers</b>	
<b>Lockers</b>		<b>PC Towers</b>	
<b>Large Boxes</b>		<b>Monitors</b>	
<b>Medium Boxes</b>		<b>Waste Bins</b>	