

PERSONAL PROPERTY INVENTORY WORKSHEET

PROPERTY OF :		
SSN :		
HOME PHONE # :		
DUTY PHONE # :		
DATE :		
FROM ADDRESS :		
TO ADDRESS :		
TYPE OF SHIPMENT(S) :	HHG UB STORAGE OVERSEAS DOMESTIC	
ESTIMATED WEIGHT :		
(Avg 1500 pounds per room)		
PROFESSIONAL WEIGHT :		
REQUESTED PACK/PICK-UP DATES :		
SHIPMENT CONTAINS :	(If applicable, include make, model, and serial number - use sheet below if necessary)	
- Firearms <small>(Attach Weapons Registration Forms)</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Motorcycle (CC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Golf Cart (Type)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Ultra Light Aircraft	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Boat/Canoe (Size)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Jet Ski (Size)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Lawn Mower (Size)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Hot Tub	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Schrank	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Washer	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Dryer	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Refrigerator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Piano	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- TV (Size)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Large Items	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Unusual Items	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- High Value Items	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Information provided is correct and accurate to the best of my knowledge. I understand that I must be available from 0800-1800 on the scheduled dates . If I am not available on scheduled pick-up date(s), I will be responsible for any attempted pick-up charges. I further understand that scheduled dates will be changed on a case by case basis only in case of emergency situations.</p>		
SIGNATURE :	DATE:	

NAME:

SSN:

Additional Information: