

Moving Checklist

Current Address: _____ New Address: _____
 Moving Day: _____ Moving Distance: _____ Travel Time: _____

EIGHT WEEKS CHECKLIST The following should be completed eight weeks prior to moving day:

- ___ Begin using up food in your freezer and flammable household supplies that can't be moved.
- ___ Contact the chamber of commerce or other public body near your new home to get information about employment opportunities, newspapers, schools, cultural events, and community activities.

Address: _____ Phone number: _____

- ___ Decide whether to use a professional mover or move yourself. Use the following guide to determine the size of truck to rent. 2 rooms or less - Cargo van 2-3 rooms - 15' truck 3-6 rooms - 18' truck 7-8 rooms - 22-foot truck

MOVING-RENTAL COMPARISON INFORMATION Before filling this out, it may be helpful to have the Household Inventory Planner filled out first (see Six Weeks Section). Since many moving companies charge by weight, the Planner would help obtain a more accurate estimate.

Company One Name: _____ **Contact Person:** _____

Address: _____ **Phone Number:** _____

Company will provide: ___ Pre-planning ___ Unpacking ___ Packing ___ Disposal of packing containers

___ Packing boxes ___ Rent moving truck ___ Packing crates ___ Dollies ___ Packing blankets

___ Storage ___ Packing labels ___ Damage Coverage Additional information: _____

Charge for Packing: \$ _____ Total Estimated Cost: \$ _____

Company Two Name: _____ **Contact Person:** _____

Address: _____ **Phone Number:** _____

Company will provide: ___ Pre-planning ___ Unpacking ___ Packing ___ Disposal of packing containers

___ Packing boxes ___ Rent moving truck ___ Packing crates ___ Dollies ___ Packing blankets

___ Storage ___ Packing labels ___ Damage Coverage Additional information: _____

Charge for Packing: \$ _____ Total Estimated Cost: \$ _____

Company Three Name: _____ **Contact Person:** _____

Address: _____ **Phone Number:** _____

Company will provide: ___ Pre-planning ___ Unpacking ___ Packing ___ Disposal of packing containers

___ Packing boxes ___ Rent moving truck ___ Packing crates ___ Dollies ___ Packing blankets

___ Storage ___ Packing labels ___ Damage Coverage Additional information: _____

Charge for Packing: \$ _____ Total Estimated Cost: \$ _____

SIX WEEKS CHECKLIST The following should be completed six weeks prior to moving day:

- ___ Gather records from your doctors, dentists, lawyers, accountant (or tax return preparer), etc. and place in a safe accessible place.

- ___ Make arrangements to transfer your children's school records.

- ___ Sell, transfer, refund, or resign all club or association memberships.

- ___ Contact your tax return preparer about deductible moving expenses. Remember to save all moving receipts, as well as a complete record of all related expenses.

- ___ Use your change of address kit included and begin filling out the cards. Remember to notify the following people:

___ Relatives ___ Friends ___ Doctor/Dentist ___ Accountant ___ Lawyer

___ Tax Preparer ___ IRS ___ Broker ___ Life Insurance ___ Fire Insurance

___ Auto Insurance ___ Homeowner's Insurance ___ Health Insurance ___ Creditors

___ Clubs ___ Credit Card Company ___ Banks ___ Magazines ___ Newspapers/Catalogs

Note: Check for toll free phone numbers and web sites for change of address. This may save you time and postage.

- ___ If you are changing employers, be sure to provide your former employer with your change of address so that any tax forms can be sent to your new home.



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HOUSEHOLD INVENTORY PLANNER To prepare, list all items in each room (include quantity of like items).

Kitchen	Original Cost	Present Value	Condition of Item	Move or Sell	Kitchen	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
Dining Room	Original Cost	Present Value	Condition of Item	Move or Sell	Dining Room	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
Living Room	Original Cost	Present Value	Condition of Item	Move or Sell	Living Room	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
Family Room	Original Cost	Present Value	Condition of Item	Move or Sell	Family Room	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
Bathroom Linen Closet	Original Cost	Present Value	Condition of Item	Move or Sell	Bathroom Linen Closet	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
Bedrooms	Original Cost	Present Value	Condition of Item	Move or Sell	Bedrooms	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
Basement Laundry Attic	Original Cost	Present Value	Condition of Item	Move or Sell	Basement Laundry Attic	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
Garage Yard Deck	Original Cost	Present Value	Condition of Item	Move or Sell	Garage Yard Deck	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
Miscellaneous	Original Cost	Present Value	Condition of Item	Move or Sell	Miscellaneous	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____	_____

FOUR WEEKS CHECKLIST The following should be completed four weeks prior to moving day:

- _____ Make arrangements to store any household items.
- _____ Clean or repair any furniture, carpets, or curtains that need it.
- _____ Hold a garage sale.
- _____ Return and retrieve borrowed items.
- _____ If you are moving yourself find out how many boxes you'll need and where they may be obtained.
- _____ Contact the moving company or rental company to confirm previous moving arrangements.



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NEW FURNISHING AND APPLIANCES PLANNER This chart can be used as a budget plan and shopping schedule to obtain the new purchases required to complete your new home. Fill in the price for each item in the appropriate column; indicating what time frame you will need to make purchases.

KITCHEN: 0 months - 6 months 6 months - 1 year 0 months - 6 months 6 months - 1 year

Cabinets _____	Dishes _____
Dishwasher _____	Flooring _____
Microwave _____	Pots/pans _____
Refrigerator _____	Stove/oven _____
Table/Chairs _____	Wall coverings _____
Water Filter _____	Miscellaneous _____

DINING ROOM: 0 months - 6 months 6 months - 1 year 0 months - 6 months 6 months - 1 year

Buffet/hutch _____	Flooring _____
Lighting _____	Table/chairs _____
Wall covering _____	Window treatment _____
Miscellaneous _____	_____

LIVING ROOM: 0 months - 6 months 6 months - 1 year 0 months - 6 months 6 months - 1 year

Bookcase _____	Chairs _____
Coffee table _____	End tables _____
Entertainment center _____	Fireplace accessories _____
Lamps _____	Sofa/couch _____
Wall covering _____	Window treatment _____
Miscellaneous _____	_____

FAMILY ROOM: 0 months - 6 months 6 months - 1 year 0 months - 6 months 6 months - 1 year

Bookcase _____	Chairs _____
Coffee Table _____	Computer/desk _____
End Tables _____	Entertainment center _____
Flooring _____	Lighting _____
Sofa/couch _____	Stereo _____
Television/VCR _____	Window treatment _____
Miscellaneous _____	_____

BATHROOMS: 0 months - 6 months 6 months - 1 year 0 months - 6 months 6 months - 1 year

Fixtures _____	Towels _____
Small appliances _____	Wall covering _____
Miscellaneous _____	_____

BEDROOMS: 0 months - 6 months 6 months - 1 year 0 months - 6 months 6 months - 1 year

Bed frame/headboard _____	Chair _____
Chest _____	Dresser _____
Lighting _____	Linens _____
Mattress _____	Night tables _____
Wall covering _____	Window treatment _____
Miscellaneous _____	_____

LAUNDRY: 0 months - 6 months 6 months - 1 year 0 months - 6 months 6 months - 1 year

Dryer _____	Iron/iron board _____
Wash machine _____	Miscellaneous _____

PATIO/DECK: 0 months - 6 months 6 months - 1 year 0 months - 6 months 6 months - 1 year

Grill _____	Patio furniture _____
Table/chairs _____	Miscellaneous _____



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GENERAL: 0 months - 6 months 6 months - 1 year Air conditioning _____ Heating system _____ Miscellaneous _____	0 months - 6 months 6 months - 1 year Attic insulation _____ Water softener _____ _____
GARAGE: 0 months - 6 months 6 months - 1 year Garage door-opener _____ Hand tools _____ Power tools _____	0 months - 6 months 6 months - 1 year Garden accessories _____ Lawn mower _____ Miscellaneous _____

THREE WEEKS CHECKLIST The following should be completed three weeks prior to moving day:

- _____ Begin packing items that you won't need. Remember to use newspapers only for cushioning and outer wrapping only. The ink can damage fine china. If you will be using a moving company, check with them prior to packing for any special requirements.
- _____ Contact a service technician to prepare your appliances (washer, dryer, water bed, etc.) for shipment.
- _____ Have a going away party!
- _____ Decide what to do with houseplants. In many instances plants cannot be moved interstate. Check with your moving company about their policy on moving plants.
- _____ Make travel and hotel reservations if needed.
- _____ Arrange for pet travel such as purchasing an airline reservation or travel container. Consult your veterinarian about how to make the move easier.
- _____ Properly service any automobile, boat, or trailer that will be moved or shipped.
- _____ Get automobile license, registration, and insurance in order.
- _____ Write on the packing boxes in what room the items belong.
- _____ Use a notebook for listing cartons as they are packed.
- _____ Gather Packing Materials _____ Furniture pads _____ Dolly _____ Packing tape _____ Gummed tape
- _____ Styrofoam "peanuts" _____ String and rope _____ Boxes _____ Garbage bags _____ Tissue paper
- _____ Newspaper _____ Scissors _____ Utility knife _____ Crates _____ Markers
- _____ Bubble wrap _____ Labels and stickers

CANCEL BASIC SERVICES TO YOUR OLD HOME

Electric

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to be Discontinued: _____

Gas/Oil

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to be Discontinued: _____

Water/Sewer

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to be Discontinued: _____

Cable TV

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to be Discontinued: _____

Telephone

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to be Discontinued: _____



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TWO WEEKS CHECKLIST The following should be completed two weeks prior to moving day:

- ☐ Arrange to transfer all bank accounts and safety deposit box contents to new branch locations.
- ☐ Arrange for traveler's checks to use for travel and the first few days at your new home.
- ☐ Cancel any direct deposit or automatic payment arrangements with the bank.
- ☐ Begin serious packing of items you will not need over the next two weeks.
- ☐ Send change-of-address cards and contact Post Office with forwarding address.
- ☐ Service your automobile, especially if you are traveling a distance. Make sure tires and fluid levels are adequate. Put a road map in your automobile.
- ☐ Cancel delivery services, such as water deliveries or diaper services.

SET UP BASIC SERVICES TO YOUR NEW HOME:

Electric

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to begin: _____

Gas/Oil

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to begin: _____

Water/Sewer

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to begin: _____

Cable TV

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to begin: _____

Telephone

Company Name: _____ Contact Person: _____ Date Called: _____
 Phone Number: _____ Date Service to begin: _____

ONE WEEK CHECKLIST The following should be completed one week prior to moving day:

- ☐ Get measurements of your new home's doors and hallways. Make note of any flights of stairs and landings.
- ☐ Transfer all medical prescriptions to a pharmacy in your new location.
- ☐ Pick up any dry cleaning, layaway, or any stored items.
- ☐ Arrange for a baby-sitter on moving day.
- ☐ Return library books and videotapes.

- ☐ Properly dispose of the following household items to guard against damage caused by combustion, leakage, or explosion:
- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> All aerosol cans | <input type="checkbox"/> Ammunition | <input type="checkbox"/> Bleach |
| <input type="checkbox"/> Flares | <input type="checkbox"/> Cleaning fluids | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Flammable goods |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Food in glass jars | <input type="checkbox"/> Frozen food | <input type="checkbox"/> Gasoline |
| <input type="checkbox"/> Perfume | <input type="checkbox"/> Lighter fluid | <input type="checkbox"/> Matches | <input type="checkbox"/> Oil based paints |
| | <input type="checkbox"/> Starter fuel | <input type="checkbox"/> Steam iron water | <input type="checkbox"/> Tanks with compressed gas |

THREE DAYS CHECKLIST The following should be completed three days prior to moving day:

- ☐ Defrost and clean your refrigerator and freezer.
- ☐ Pack suitcases for your trip to your new home.
- ☐ Arrange to have payment ready driver or rental company on delivery day. Verify method of payment.
- ☐ Remember to pack the attic, closets, cabinets, and other storage areas.
- ☐ Be sure to empty water from your steam iron.
- ☐ Launder all soiled clothing prior to the day the service technician is expected.
- ☐ Set aside valuables and legal documents that will go with you, not in the moving van.



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- | | | |
|--|--|--|
| <input type="checkbox"/> Pack your "Moving Day" handy items box. | <input type="checkbox"/> First Aid kit | <input type="checkbox"/> Daily medications |
| <input type="checkbox"/> Paper towels | <input type="checkbox"/> Dish towels | <input type="checkbox"/> Disposable dishes |
| <input type="checkbox"/> Bath towels | <input type="checkbox"/> Toiletries kit | <input type="checkbox"/> Plastic utensils |
| <input type="checkbox"/> Trash bags | <input type="checkbox"/> Telephone book | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Sponge | <input type="checkbox"/> Soap | <input type="checkbox"/> Shelf liner |
| <input type="checkbox"/> Dish Detergent | <input type="checkbox"/> Bathroom tissue | <input type="checkbox"/> Camera/film |
| | | <input type="checkbox"/> Snacks |
| | | <input type="checkbox"/> Road map |

MOVING DAY CHECKLIST The following should be completed on moving day:

- ☐ Pick up moving truck early if you are moving yourself.
- ☐ List every item and box loaded onto the truck.
- ☐ Tell the mover where you can be reached. Leave a phone number of an alternative contact person.
- ☐ Keep the moving company bill or rental receipt in a safe place until your goods are delivered and charges are paid.
- ☐ Remember to check your old home for the following:

<input type="checkbox"/> Turn off air conditioning	<input type="checkbox"/> Turn off lights	<input type="checkbox"/> Turn off water	<input type="checkbox"/> Shut off furnace
<input type="checkbox"/> Lock all doors	<input type="checkbox"/> Surrender old house keys	<input type="checkbox"/> Turn off appliances	<input type="checkbox"/> Lock all windows
<input type="checkbox"/> Inspect garage	<input type="checkbox"/> Leave garage door opener	<input type="checkbox"/>	<input type="checkbox"/> Inspect all rooms

DELIVERY DAY CHECKLIST The following should be completed on delivery day:

- ☐ Advise your mover of any parking restrictions, elevators, or long carries.
- ☐ Make certain the house is ready for occupancy before the mover arrives.
- ☐ Place a floor plan of your new home at the front door.
- ☐ Be on hand to answer questions, give directions, and examine your items.
- ☐ Check off all boxes and items as they come off the truck.
- ☐ Install new locks in your new home.
- ☐ Test to make sure the utilities are hooked up.
- ☐ Test smoke detectors.
- ☐ Set up beds early.
- ☐ Pay moving or rental company bill.
- ☐ Unpack kids toys early.
- ☐ Apply shelf lining in the kitchen.
- ☐ Return the moving rental truck, if one was used.

AFTER MOVE CHECKLIST The following should be completed after the move:

- ☐ Get acquainted with your new town. Locate the school, grocery store, and other service providers.
- ☐ Register to vote.
- ☐ Contact the Bureau of Motor Vehicles and notify them of your new address.
- ☐ Ask new neighbors and friends for doctor, dentist, accountant, lawyer, bank, baby-sitter, and vet referrals.
- ☐ Transfer current medical information to new professionals.
- ☐ Locate the hospital as well as police and fire stations near you.
- ☐ Plan and practice your fire escape route.
- ☐ Visit the library and apply for a card.
- ☐ Have a service technician perform post-moving service to your appliances.
- ☐ Mail that has been forwarded from your old address will need a change-of-address card sent to the sender.
- ☐ Keep documents pertaining to your move in a safe place. Keep all receipts for expense deductions or claims.
- ☐ Get acquainted with the new neighbors and have a party. If you haven't done so yet, call Buyer's Resource Realty Services at 1-888-888-4110 with your new telephone numbers and e-mail addresses.

