

Moving Checklist



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- Eight Week Checklist
- Six Week Checklist
- Four Week Checklist
- Three Week Checklist
- Two Week Checklist
- One Week Checklist
- Three Day Checklist
- Moving Day Checklist
- Delivery Day Checklist
- After Delivery Checklist

EIGHT WEEKS CHECKLIST

General Information

Name of Person Moving: _____
Current Address: _____
City, State, Zip: _____
New Address: _____
City, State, Zip _____
Moving Day: _____/_____/_____
Moving Distance: _____
Travel Time: _____

The following should be completed **eight weeks** prior to moving day:

- _____ Draw a floor plan of your new home to help you decide what furniture will be moved.
- _____ 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 in your new home town.
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 foot truck
3-6 rooms -	18 foot truck
7-8 rooms -	22 foot truck

MOVING-RENTAL COMPARISON INFORMATION

NOTE: Before filling out the Moving-Rental Comparison, 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 Household Inventory Planner would help obtain a more accurate estimate for the movers.

Company#1:

Company Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Company will provide:

<input type="checkbox"/> Pre-planning	<input type="checkbox"/> Unpacking
<input type="checkbox"/> Packing	<input type="checkbox"/> Disposal of packing containers
<input type="checkbox"/> Packing boxes	<input type="checkbox"/> Rent moving truck-self move
<input type="checkbox"/> Packing crates	<input type="checkbox"/> Dollies
<input type="checkbox"/> Packing blankets	<input type="checkbox"/> Storage
<input type="checkbox"/> Packing labels	<input type="checkbox"/> Damage-coverage

Additional Information:

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

Company#2:

Company Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Company will provide:

<input type="checkbox"/> Pre-planning	<input type="checkbox"/> Unpacking
<input type="checkbox"/> Packing	<input type="checkbox"/> Disposal of packing containers
<input type="checkbox"/> Packing boxes	<input type="checkbox"/> Rent moving truck-self move
<input type="checkbox"/> Packing crates	<input type="checkbox"/> Dollies
<input type="checkbox"/> Packing blankets	<input type="checkbox"/> Storage
<input type="checkbox"/> Packing labels	<input type="checkbox"/> Damage-coverage

Additional Information:

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

Company#3:

Company Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Company will provide:

<input type="checkbox"/> Pre-planning	<input type="checkbox"/> Unpacking
<input type="checkbox"/> Packing	<input type="checkbox"/> Disposal of packing containers
<input type="checkbox"/> Packing boxes	<input type="checkbox"/> Rent moving truck-self move
<input type="checkbox"/> Packing crates	<input type="checkbox"/> Dollies
<input type="checkbox"/> Packing blankets	<input type="checkbox"/> Storage
<input type="checkbox"/> Packing labels	<input type="checkbox"/> Damage-coverage

Additional Information:

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

Company#4:

Company Name: _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Company will provide:

<input type="checkbox"/> Pre-planning	<input type="checkbox"/> Unpacking
<input type="checkbox"/> Packing	<input type="checkbox"/> Disposal of packing containers
<input type="checkbox"/> Packing boxes	<input type="checkbox"/> Rent moving truck-self move
<input type="checkbox"/> Packing crates	<input type="checkbox"/> Dollies
<input type="checkbox"/> Packing blankets	<input type="checkbox"/> Storage
<input type="checkbox"/> Packing labels	<input type="checkbox"/> Damage-coverage

Additional Information:

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

SIX WEEKS CHECKLIST

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

- _____ Gather records from your doctors, dentists, lawyers, accountant, 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 records of all related expenses.
- _____ Go to the post office and get a change of address kit and begin filling out the cards.

Remember to notify the following people:

- | | | |
|----------------------|----------------------|-----------------------------|
| _____ Relatives | _____ Friends | _____ Health Insurance |
| _____ Accountant | _____ Lawyer | _____ Tax Preparer |
| _____ IRS | _____ Broker | _____ Life Insurance |
| _____ Newspapers | _____ Auto Insurance | _____ Homeowner's Insurance |
| _____ Doctor/Dentist | _____ Creditors | _____ Credit Card Company |
| _____ Banks | _____ Magazines | _____ Fire Insurance |
| _____ Clubs | _____ Catalogs | |

Note: check for toll free phone numbers for change of address. This may save you 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.

FOUR WEEKS CHECKLIST:

The following should be completed four weeks prior to moving:

- _____ Make arrangements to store any 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 purchased or obtained.
- _____ Contact the moving company or rental company to confirm previous moving arrangements.

THREE WEEKS CHECKLIST:

The following items should be completed three weeks prior to moving:

- _____ 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 house plants. In many instances plants can not 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.
- _____ Property 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 & rope |
| _____ Bubble wrap | _____ Garbage bags |
| _____ White or tissue paper | _____ Crumbled newspaper |
| _____ Scissors | _____ Utility Knife |
| _____ Labels and stickers | _____ Markers |
| _____ Boxes | _____ Crates |

CANCEL BASIC SERVICES TO YOUR OLD HOME

Electric:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

Gas/Oil:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

Water/Sewage/Garbage:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

Cable TV:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

Telephone:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

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.

- _____ Service your automobile, especially if you are traveling a distance. Make sure tire and fluid levels are adequate. Put a road map in your automobile.
- _____ Send change-of-address cards and contact Post Office with forwarding address.
- _____ Cancel delivery services, such as water deliveries or diaper services.

SET UP BASIC SERVICES TO YOUR NEW HOME

Electric:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Service Begins: _____

Gas/Oil:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Service Begins: _____

Water/Sewage/Garbage:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Service Begins: _____

Cable TV:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Service Begins: _____

Telephone:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Service Begins: _____

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.
- _____ Return library books and videotapes.
- _____ Pick up any dry cleaning, layaway, or any stored items

Properly dispose of the following household items to guard against damage caused by combustions, leakage, or explosion:

- | | |
|---------------------------------|--------------------------|
| _____ All aerosol cans | _____ Ammunition |
| _____ Bleach | _____ Chemicals |
| _____ Cleaning fluids | _____ Fire Extinguishers |
| _____ Flammable goods | _____ Flares |
| _____ Food in glass jars | _____ Frozen foods |
| _____ Gasoline | _____ Kerosene |
| _____ Lighter fluid | _____ Matches |
| _____ Oil based paints | _____ Perfume/cologne |
| _____ Starter fuel | _____ Steam iron water |
| _____ Tanks with compressed gas | |

THREE DAY CHECKLIST

The following should be completed three days prior to moving:

- _____ Defrost and clean your refrigerator and freezer.
- _____ Movers begin packing.
- _____ Pack suitcases for your trip to your new home.
- _____ Arrange to have payment ready to pay the driver or rental company on delivery day. Verify form of payment with mover.
- _____ Remember to pack 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.
- _____ Remove clothes from washer and dryer.
- _____ Take your old phone book with you.
- _____ Set aside valuables and legal documents that will go with you, not in the moving van.

Pack your “Moving Day” handy items box:

- | | |
|-------------------------|-------------------------|
| _____ First Aid Kit | _____ Daily medications |
| _____ Paper towels | _____ Dish Towels |
| _____ Disposable dishes | _____ Plastic utensils |
| _____ Bath towels | _____ Toiletries kit |
| _____ Light bulbs | _____ Tools |
| _____ Trash bags | _____ Telephone Book |
| _____ Shelf Liner | _____ Snacks |
| _____ Sponge | _____ Soap |
| _____ Camera/film | _____ Road Map |
| _____ Dish Detergent | _____ Bathroom Tissue |

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

DELIVERY CHECKLIST

The following should be completed on delivery day:

- Advise your mover of any parking restriction, 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 DELIVERY CHECKLIST

The following should be completed after moving:

- _____ Get acquainted with your new town. Located the school, grocery store, And other service providers.
- _____ Register to vote.
- _____ If you have moved to another state, contact the Department of Motor Vehicles.
- _____ Ask neighbors and friends for doctor, dentist, accountant, lawyer, bank, Baby-sitter, and veterinarian 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 care.
- _____ 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. Be sure to keep all receipts for expense deductions or claims.
- _____ Get acquainted with the neighbors and have a party.