

Name:
Address:
Home Phone:
Cell Phone:
Email:

Floor #

Office Use

Moving To:

Apt. Requested Date of unload

House

SCHULGASSERMOVING@GMAIL.COM

Moving Fr	om:				
House	Apt.	Floor#		Steps	
Requested	d Date of loa	ading	/	/	

LIVING ROOM	QTY.
Sofa	
Loveseat	
Sectional	
Recliner	
Bookshelves	
IKEA type	
Solid Wood	
Single	
Custom	
Lamp	
Coffee/end table	
Entertainment center	
Pictures/painting	
Piano	
Baby Grand	
Upright	
Spinet	
Rugs	
Light Fixture	
Misc.	

MASTER BEDROOM	QTY.		
Beds (Full,King,Twin)	F	Q	Т
Armoire			
Dresser			
Mirror			
Night Stand			
Television			
Misc.			

KITCHEN	QTY.
Stove	
Fridge Top/Bottom	
Fridge side by side	
Dishwasher	
Microwave Cart	
Table	
Chairs	
Cabinet/Pantry	
Misc.	

Storage Yes

No

BASEMENT	QTY.
Washer	
Dryer	
Freezer	
Excersize Equipt.	
Misc	
Furniture	
Misc.	

BABY ITEMS	QTY.
Swing	
Stroller	
High Chair	
Dresser	
Crib	
Porta Crib	
Glider/Ottoman	
Misc.	

TOTAL LINEAL FEET OF CLOTHING

DINING ROOM	QTY.
Table (length)	
Chairs	
Breakfront	
Top/Bottom	
Take apart	
Custom	
Buffet	
Server	
Misc.	

Steps

1

OFFICE	QTY.
Desk	
File Cabinet	
Bookshelf	
Chair	
Misc.	

GARAGE	QTY.
Bike	
BBQ Grill	
Large toys	
Furniture	
Patio furn.	
Fold Table	
Fold Chairs	
Sukkah	
Schach	
Misc.	

TOTAL BOXES

BEDROOM	1	2	3	4	Please describe here, any furniture not checked off above
Beds					
Dresser					
Armoire					
Bunk Bed					
Hi Riser					
Bookshelf					
Night Stand					
Misc.					