COMMUNITY MOVERS

# Removal of Household Furniture and Personal Effects Inventory Form

Name:

FAMILY/RUMPUS

| Item | QTY | Description |
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KITCHEN

| Item | QTY | Description |
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BEDROOM 1

| Item | QTY | Description |
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BEDROOM 2

| Item | QTY | Description |
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BEDROOM 3

| Item | QTY | Description |
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**COMMUNITY MOVERS**

# Removal of Household Furniture and Personal Effects Inventory Form

## LAUNDRY

| Item | QTY | Description |
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## BATHROOM

| Item | QTY | Description |
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## GARAGE

| Item | QTY | Description |
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## ADDITIONAL ITEMS

| Item | QTY | Description |
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**Please ensure all items are packed and ready for removal, as EXTRA CHARGES will be incurred if the items for removal are not ready at the time of pickup. THIS IS VERY IMPORTANT.**

Name:

Signature:

Date: