REQUEST TO MOVE PERSONAL ITEMS

Who	en to Begin I	Move			FROM			то	
Date	Tim	е	Staff Member Name		Site	Location wit	hin Site	Site	Location within Site
				PERSONAL	ITEMS TO BE MOVE	D			
Will Require Large Box Van	Туре	Quantity	Unit of Measure	Description				Exceeds 75 lbs	Over-Sized Item: Requires >1 Movers
				CONTA	CT INFORMATION				
Name Pho			Phone/Extens		Cell Number Contact		Email		
Personal Items,	I understand m assuming	d that the Distric the full risk for a	t takes no respon	sibility for any los	s or damage that mo	ay occur to the	Personal I	reasonable steps to s Items during moving o Id the District harmles	
Employee Signature					Date				