

REQUEST FOR MOVING

Forward original and three copies to Budget and Financial Services Division at least two weeks prior to moving.

Name		
Civil Service Classification	Date of Request	
Home Phone ()	Office Phone ()	
Effective Date of Transfer	Official Bulletin Number	Bargaining Unit
Transfer From	Transfer To	

Request to rent trailer to personally move household furnishings.

Commercial Carrier

Requested Date of Move		Preferred Carrier	
Address of Carrier		Phone of Carrier ()	
Present Location of Furniture (Street)		City	Zip Code
Furniture to be Moved to (Street)		City	Zip Code
Furniture to be Stored?	Name of Storage Facility		
Address (Street)		City	Zip Code

Mobile Home

Requested Date of Move		Preferred Carrier	
Address of Carrier		Phone of Carrier ()	
Present Location (Name of Mobile Home Park)			Lot Number
Street		City	Zip Code
New Location (Name of Mobile Home Park)			Lot Number
Street		City	Zip Code
Mobile Home Description (Make)	Year	Serial Number	
Length	Width		Weight

FOR USE BY MANAGEMENT SERVICES ONLY

Approved By	Date