

**ATTACHMENT 2
SAMPLE CONTRACTOR MOVING INVENTORY CHECKLIST**

Client's Name: _____ **Move Date:** ____ / ____ / ____

Client's Address: _____

City _____ **State** _____ **Zip** _____

Total Box Count: _____ **Boxes Loaded:** _____ **Boxes Unloaded:** _____

Storage Unit? Yes No **Storage Location:** _____

SECTION I - Boxes

Box #	Box Contents	Sign to Confirm Receipt

SECTION II – Furnishings & Appliances

Type of Furnishing/Appliance	Qty Moved