



REMEMBER TO NOTIFY

Winnipeg: 204.779-0714
 Edmonton: 780.450-6797
 Calgary: 403.243-0448

TAKE WITH ME CHECK LIST

MOVING IN	MOVING OUT
Professional Services	
<input type="checkbox"/> Doctor	<input type="checkbox"/>
<input type="checkbox"/> Denist	<input type="checkbox"/>
<input type="checkbox"/> Lawyer	<input type="checkbox"/>
<input type="checkbox"/> Broker	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
Business Accounts	
<input type="checkbox"/> Banks	<input type="checkbox"/>
<input type="checkbox"/> Finance Companies	<input type="checkbox"/>
<input type="checkbox"/> Credit Cards	<input type="checkbox"/>
<input type="checkbox"/> Diaper Service	<input type="checkbox"/>
<input type="checkbox"/> Charge Accounts	<input type="checkbox"/>
<input type="checkbox"/> Department Stores	<input type="checkbox"/>
<input type="checkbox"/> Insurance Agencies	<input type="checkbox"/>
<input type="checkbox"/> Real estate agency	<input type="checkbox"/>
<input type="checkbox"/> Service Stations	<input type="checkbox"/>
<input type="checkbox"/> Dairy	<input type="checkbox"/>
<input type="checkbox"/> Laundry	<input type="checkbox"/>
<input type="checkbox"/> Dry Cleaners	<input type="checkbox"/>
<input type="checkbox"/> Drug Store	<input type="checkbox"/>
<input type="checkbox"/> Housecleaning Service	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
Utilities and Services	
<input type="checkbox"/> Electric	<input type="checkbox"/>
<input type="checkbox"/> Gas	<input type="checkbox"/>
<input type="checkbox"/> Water	<input type="checkbox"/>
<input type="checkbox"/> Garbage (special pick-up)	<input type="checkbox"/>
<input type="checkbox"/> Telephone	<input type="checkbox"/>
<input type="checkbox"/> Appliance Services	<input type="checkbox"/>
<input type="checkbox"/> Cable TV	<input type="checkbox"/>
<input type="checkbox"/> Fuel	<input type="checkbox"/>
<input type="checkbox"/> Water Treatment	<input type="checkbox"/>
<input type="checkbox"/> Pool Services	<input type="checkbox"/>
<input type="checkbox"/> Lawn & Garden Service	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

MOVING IN	MOVING OUT
Government & Public Offices	
(A) Federal	
<input type="checkbox"/> Post Office	<input type="checkbox"/>
<input type="checkbox"/> Veterans Affairs	<input type="checkbox"/>
<input type="checkbox"/> Income Tax	<input type="checkbox"/>
<input type="checkbox"/> Family Allowance	<input type="checkbox"/>
<input type="checkbox"/> Old Age Security	<input type="checkbox"/>
<input type="checkbox"/> Canada Pension Plan	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/>
<input type="checkbox"/> Maternity Benefits	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
(B) Provincial	
<input type="checkbox"/> Health & Hospital Insurance	<input type="checkbox"/>
<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/>
<input type="checkbox"/> Driving Licence	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
(C) Local	
<input type="checkbox"/> Schools	<input type="checkbox"/>
<input type="checkbox"/> Library	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
Publications	
<input type="checkbox"/> Newspapers	<input type="checkbox"/>
<input type="checkbox"/> Magazines	<input type="checkbox"/>
<input type="checkbox"/> Mail Order Houses	<input type="checkbox"/>
<input type="checkbox"/> Book & Record Clubs	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>
Final Moving Day Check	
<input type="checkbox"/> All meters read	<input type="checkbox"/>
<input type="checkbox"/> Furnace turned down or off	<input type="checkbox"/>
<input type="checkbox"/> Lights turned off	<input type="checkbox"/>
<input type="checkbox"/> Windows and doors shut and locked	<input type="checkbox"/>
<input type="checkbox"/> Keys left as agreed with new occupants	<input type="checkbox"/>
<input type="checkbox"/> Telephone service discontinued	<input type="checkbox"/>

<input type="checkbox"/>	Picnic lunch and snacks
<input type="checkbox"/>	Thermos jug of water
<input type="checkbox"/>	Paper Towels
<input type="checkbox"/>	Medication/ Prescription
<input type="checkbox"/>	Washcloths in plastic bags
<input type="checkbox"/>	Several pillows and a blanket
<input type="checkbox"/>	Pet food/ dishes
<input type="checkbox"/>	Other _____
In the Car	
<input type="checkbox"/>	Emergency Tools
<input type="checkbox"/>	Aerosol tire inflator
<input type="checkbox"/>	First-aid kit
<input type="checkbox"/>	Flashlight
<input type="checkbox"/>	Fire extinguisher
<input type="checkbox"/>	Road Maps
<input type="checkbox"/>	Driving licence
<input type="checkbox"/>	Car registration and insurance
<input type="checkbox"/>	Other _____
Miscellaneous	
<input type="checkbox"/>	Camera & Film
<input type="checkbox"/>	Portable
<input type="checkbox"/>	Other _____
Important Papers	
<input type="checkbox"/>	Moving Documents
<input type="checkbox"/>	Automotive ownership records
<input type="checkbox"/>	Children's school records
<input type="checkbox"/>	Insurance policies
<input type="checkbox"/>	Medical & dental records
<input type="checkbox"/>	Passports
<input type="checkbox"/>	Other records
Valuables	
<input type="checkbox"/>	Coin or stamp collection
<input type="checkbox"/>	Furs
<input type="checkbox"/>	Jewellery
<input type="checkbox"/>	Silver
<input type="checkbox"/>	Irreplaceable photos and snap shots
<input type="checkbox"/>	Other _____
For the Trip	
<input type="checkbox"/>	Suitcases (clothing)
<input type="checkbox"/>	Sunglasses
<input type="checkbox"/>	Credit cards
<input type="checkbox"/>	Baby's equipment
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Travel toys for children