



***Request Form for Furniture Moves***

**Date of Request:**

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**Name :**  
**(Requesting the move)**

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**Phone Number:**

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**Current Location of Furniture:**  
**(Building & room#)**

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**Specific Items to be Moved:**  
**(Please list all items)**

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**Location to move items to:**  
**(Building & room#)**

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**Request Date and Time:**  
**(For the move to be completed by)**

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**Additional information:**  
**(Approximate weight of objects,  
door size)**

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***Please send form via Inter-office mail:  
Jordy Lawson –Central Receiving / Surplus Property***

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***Requester***

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***Department Head***