TEXAS CONFERENCE RELOCATION SERVICES



RELOCATION INFORMATION FORM

Please complete and return it to	our office via fax/email. Fax:	866.203.1225; E-mail: move@txsda.org
Name:		Date:
What are your expected load and delivery dates? Load		Delivery
Your current dwelling is a:		
Single Story Home		
Multi-story Home	Number of floors?	-
Apartment/Condo	Which floor?	Is there an elevator? Yes No
Your new home will be:		
Single Story Home		
Multi-story Home	Number of floors?	-
Apartment/Condo	Which floor?	Is there an elevator? Yes No
Is your current location accessibl	e for a 75 ft tractor-trailer?	Yes No
Is your new location accessible for	or a 75 ft tractor-trailer?	Yes No
Will there be at least 100 ft of op	en curb in which to park the	truck in front of your home? Yes No
Have you previously been moved	d by professional movers?	Yes No
Are there any special driving inst bridges, low hanging trees and w	•	e that the driver should know (i.e. low steep, high bumps, etc.)?
Are there any special driving inst low hanging trees and wires, high	•	nat the driver should know (i.e. low bridges, igh bumps, etc)?
What type of cartons are you usi Commercial grade boxes (U-h	• •	ited, Mayflower, etc)
Plastic storage containers		
Used boxes from local stores	?	
Use the space provided below to information for any of the above		ation about your relocation or to add further