



INCOME :	OW, ODSP <input type="checkbox"/>
E.I, OSAP	Spousal support, Cpp, OAS ,
Working Student	_____
<i>Circle or write the income your on.</i>	

Workers e-mail:

Client e-mail:

Community Service Movers

MOVE DATE:	NAME :
How many bed rooms are you moving from :	D.O.B
_____ #Adults _____ #Children	Income Source: _____
Contact #: _____	_____
Pick Up Location 1:	
Address:	
City:	Postal Code:
Pick Up Location 2:	
Address:	
City:	Postal Code:
Delivery Location:	
Address:	
City:	Postal Code:

Circle Yes or No if there is an ELEVATOR. 1/2 hour is granted if there is an elevator.
 Please note if the elevator is delayed upon arrival for 1 hour an amount of \$20.00 will be added to the total amount.

* Please try to keep your moving time within the scheduled tir time.*

THANKS FOR MOVING WITH COMMUNITY SERVICE MOVERS.....

PLEASE NOTE: ONLY ITEMS LISTED BELOW WILL BE MOVED

- | | | | | | |
|-------------------|--------------------------------------|---|---------------------------------------|---------------------------------------|--|
| 1 Appliances | <input type="checkbox"/> Fridge | <input type="checkbox"/> Stove | <input type="checkbox"/> Washer | <input type="checkbox"/> Dryer | <input type="checkbox"/> Freezer |
| 2 Master Bdrm | <input type="checkbox"/> Bed K Q D S | <input type="checkbox"/> Triple Dresser | <input type="checkbox"/> High Dresser | <input type="checkbox"/> End Tables | <input type="checkbox"/> 1 BED ROOM |
| 3 Second Bdrm | <input type="checkbox"/> Bed K Q D S | <input type="checkbox"/> Triple Dresser | <input type="checkbox"/> High Dresser | <input type="checkbox"/> End Tables | <input type="checkbox"/> BACHILOR
2 BEDROOM |
| 4 Third Bdrm | <input type="checkbox"/> Bed K Q D S | <input type="checkbox"/> Triple Dresser | <input type="checkbox"/> High Dresser | <input type="checkbox"/> End Tables | <input type="checkbox"/>
3 BEDROOM |
| 5 Fourth Bdrm | <input type="checkbox"/> Bed K Q D S | <input type="checkbox"/> Triple Dresser | <input type="checkbox"/> High Dresser | <input type="checkbox"/> End Tables | <input type="checkbox"/>
4 BEDROOM |
| 6 Living Room | <input type="checkbox"/> Sofa | <input type="checkbox"/> Love Seat | <input type="checkbox"/> Arm Chair | <input type="checkbox"/> Coffee Table | <input type="checkbox"/> T.V. |
| 7 Family Room | <input type="checkbox"/> Sofa | <input type="checkbox"/> Love Seat | <input type="checkbox"/> Arm Chair | <input type="checkbox"/> Coffee Table | <input type="checkbox"/> T.V. |
| 8 Den | <input type="checkbox"/> Desk | <input type="checkbox"/> Filing Cabinet | <input type="checkbox"/> Chair | <input type="checkbox"/> Tables | <input type="checkbox"/> Computer |
| 9 Dining Room | <input type="checkbox"/> Table | <input type="checkbox"/> Chairs | <input type="checkbox"/> Buffet/Hutch | <input type="checkbox"/> Cupboards | <input type="checkbox"/> Large Cabinet |
| 10 Kitchen | <input type="checkbox"/> Table | <input type="checkbox"/> Chairs | <input type="checkbox"/> Buffet/Hutch | <input type="checkbox"/> Microwave | <input type="checkbox"/> |
| 11 Basement | <input type="checkbox"/> Sofa | <input type="checkbox"/> Love Seat | <input type="checkbox"/> Chairs | <input type="checkbox"/> Tables | <input type="checkbox"/> T.V. |
| 12 Garage | <input type="checkbox"/> Bicycles | <input type="checkbox"/> Lawn Mower | <input type="checkbox"/> Tools | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Backyard/Porch | <input type="checkbox"/> Patio Set | <input type="checkbox"/> BBQ | <input type="checkbox"/> Large Toys | <input type="checkbox"/> | <input type="checkbox"/> |
- Boxes (#____) Bags (#____) Wardrobes (#____) Mirrors (#____)

Other Items:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Workers Email il: _____ Phone number : _____
 Client Email : _____

DRIVER COMMENTS ONLY

Start Time: _____ End Time: _____
 Start KMs: _____ End Kms: _____
 Comments: _____



Community Service Movers Agreement

Date _____ Name _____

The movers cannot be held responsible for items left at the residence after loading. It is your responsibility to make sure that nothing is left behind. Please make sure that you check your closet, cabinets, drawers, attics basement, garage, and outside areas before the driver leaves origin. **If you are not packed and ready to move the cost will increase to \$50.00 per half hour. This is not negotiable with the movers. (All payment will be made directly to the movers not C.S.M).** You must be on time.

Do not ship bank bills coins or currency, security, deeds, notes drafts, valuable papers of any kind, jewelry, postage or revenue stamps collection, precious stones metals. These items are not covered by any insurance options. **Please note you can purchase your own personal insurance** as Community Service Movers will not be liable for any of your belongings.

At the end of the move the owner must check to see if all furniture's /properties is intact. After the move has been completed, the owners must sign an agreement acknowledging household goods inventory and report any property damage immediately at the origin or destination. Otherwise, Community Service Movers will not be responsible for any damages.

Please circle the following payments will be: Email transfer; Ontario works payment, direct deposit payment or explain _____

Please note payment arrangement must be arranged 1 day prior to the move in date.

Movers _____ Owner _____

Please tell us how you heard about Community Service Movers: Please circle any of the following that applies to you. Email, internet, referral, Shelter, Hospital, Case workers, Housing workers, Jail, Ontario disability support, Nonprofit Organization or Ontario works office, ODSP office or list other _____