



| | | |
|-------------------------------------|----------|--------------------------|
| Spousal support, | OW, ODSP | <input type="checkbox"/> |
| El, Pension, Working, | Cpp, OAS | , |
| Payment Amount Received: _____ | | |
| Circle or write the income your on. | | |

Community Service Movers

| | |
|---|----------------------|
| MOVE DATE: | TIME: |
| Name: _____ | D.O.B _____ |
| _____ #Adults _____ #Children | Income Source: _____ |
| Client Contact #: _____ | _____ |
| Case workers Name , E-mail and fax | |
| Pick Up Location 1: | |
| Address _____ | |
| City: _____ | Postal code _____ |
| Stop over is an additional fee | |
| <u>Assembling is an additional fee.</u> | |
| STOP OVER ONLY: | |
| 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.

Providing a cost effective , stress free moving services to you. Thanks for moving with us.

