

Moving Timeline

Date of Move _____

New Address _____ City _____

State _____ Zip _____ Phone Number _____

	Done	Delegated To
Eight weeks before move: Start Date _____		
• Reserve moving vehicle	<input type="checkbox"/>	_____
• Reserve moving crew	<input type="checkbox"/>	_____
• Sort through items in storage. Separate items to move	<input type="checkbox"/>	_____
• Inventory freezer items	<input type="checkbox"/>	_____
• Plan menus to use up freezer items	<input type="checkbox"/>	_____
• Make moving day schedule	<input type="checkbox"/>	_____
• Determine system for labeling boxes and inform others	<input type="checkbox"/>	_____
• Make signs for each room in house so boxes go in correct room	<input type="checkbox"/>	_____
• Designate one area in house for packed boxes	<input type="checkbox"/>	_____
•	<input type="checkbox"/>	_____
•	<input type="checkbox"/>	_____
Six weeks before: Start Date _____		
• Start working on the Change of Address/Cancel Service Checklist	<input type="checkbox"/>	_____
• Make necessary storage arrangements	<input type="checkbox"/>	_____
• Start the Personal Record Request Checklist	<input type="checkbox"/>	_____
• Discard or sell unneeded items. Get receipt for donations	<input type="checkbox"/>	_____
• Arrange for volunteers to help move	<input type="checkbox"/>	_____
• Get packing materials		
Cartons	<input type="checkbox"/>	_____
Wrapping paper or newspaper	<input type="checkbox"/>	_____
Box tape	<input type="checkbox"/>	_____
Labels or markers	<input type="checkbox"/>	_____
• Begin packing seldom used items	<input type="checkbox"/>	_____
•	<input type="checkbox"/>	_____
•	<input type="checkbox"/>	_____
Four weeks before: Start Date _____		
• Arrange special transportation for your pets and plants.	<input type="checkbox"/>	_____
• Arrange for off-site child care for small children on moving day	<input type="checkbox"/>	_____
• Arrange for off-site pet care on moving day	<input type="checkbox"/>	_____
• Dispose of all flammable and hazardous waste materials	<input type="checkbox"/>	_____
•	<input type="checkbox"/>	_____
•	<input type="checkbox"/>	_____
Two weeks before: Start Date _____		
• Return all borrowed items; collect things that you have loaned.	<input type="checkbox"/>	_____
• Give away plants not being moved.	<input type="checkbox"/>	_____
•	<input type="checkbox"/>	_____
•	<input type="checkbox"/>	_____

One week prior to move: Start Date _____

- Pack suitcases. Include several days' worth of items _____
- Settle any outstanding bills with local merchants _____
- Pick up any dry cleaning, return library books, etc. _____
- Collect trash bags for moving day _____
- Call to confirm moving vehicle reservation _____
- _____
- _____

Three days prior to move: Start Date _____

- Defrost your freezer and refrigerator _____
- Have any major appliances disconnected and prepared for the move _____
- Pack a box of personal items that will be needed immediately _____
- If available, clean new house _____
- Make copies of new house keys _____
- Make arrangements for refreshments for volunteers _____
- Determine meal plans for moving day _____
- Finish packing boxes _____
- Do lawnwork for last time _____
- _____
- _____

Day before move: Date _____

- Clean old house _____
- Review moving day schedule _____
- Pack cooler with snacks & beverages for moving day _____
- Call to confirm utilities turned on in new house _____
- _____
- _____

Moving Day: Date _____

- Pick up moving vehicle _____
- Check each room and closet _____
- Make arrangements for key transfer _____
- Leave garage door opener in old house _____
- Make sure windows are closed _____
- Turn off all electric lights _____
- Lock all doors _____
- Record all utility meter readings (gas, electric, water) in old house _____
- Record all utility meter readings (gas, electric, water) in new house _____
- Return moving vehicle _____
- _____
- _____

Change of Address/Cancel Service Checklist

	Change	Cancel	Done
Post Office Change of Address	0	0	0
Driver's License Bureau	0	0	0
Newspaper Subscription(s)			
Name _____	0	0	0
_____	0	0	0
Magazine Subscription (s)			
Name _____	0	0	0
_____	0	0	0
_____	0	0	0
_____	0	0	0
Other Periodicals Subscription			
Name _____	0	0	0
_____	0	0	0
_____	0	0	0
Cable Service _____	0	0	0
Satellite Service _____	0	0	0
Telephone Service _____	0	0	0
Telephone Service _____	0	0	0
Utility Services			
(Heat) _____	0	0	0
(Water) _____	0	0	0
(Electrical) _____	0	0	0
(Other) _____	0	0	0

Other Delivery Services (Water, Diaper, Cleaning, Garbage Pickup, etc)

Name _____	0	0	0
_____	0	0	0
_____	0	0	0
_____	0	0	0

Bank _____ 0 0 0

Safe Deposit Box _____ 0 0 0

Credit Card Companies

Name _____	0	0	0
_____	0	0	0
_____	0	0	0
_____	0	0	0

Investment Companies

Name _____	0	0	0
_____	0	0	0
_____	0	0	0
_____	0	0	0

Investment Advisor _____ 0 0 0

Attorney _____ 0 0 0

Physician _____ 0 0 0

Dentist _____ 0 0 0

Eye Doctor _____ 0 0 0

Veterinarian _____ 0 0 0

Insurance Agent(s) _____ 0 0 0

School(s)

Name

_____	O	O	O
_____	O	O	O

Employer(s)

Name

_____	O	O	O
_____	O	O	O

Child Care Provider _____

O	O	O
---	---	---

Church _____

O	O	O
---	---	---

Other

Name

_____	O	O	O
_____	O	O	O
_____	O	O	O
_____	O	O	O

Many companies may allow change of address by contacting them via their website or email while others will require a phone call or personal visit.

Personal Record Request Checklist

	Get Copies Of Records	Have Records Transferred	Done
Physician(s)			
_____	0	0	0
_____	0	0	0
_____	0	0	0
Dentist	0	0	0
Veterinarian	0	0	0
School(s)			
_____	0	0	0
_____	0	0	0
_____	0	0	0
Attorney	0	0	0
Accountant	0	0	0
Insurance Agent	0	0	0