

## REMOVAL APPLICATION FORM

FULL NAME:			
FULL ADDRESS:			
CONTACT DETAILS:			
AREA MOVING FROM:		AREA MOVING TO:	
REMOVAL DATE:		IS THIS DATE CONFIRMED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DELIVERY ADDRESS:			
IS REMOVAL FROM FLAT? IF YES STATE FLOOR.		LIFT AVAILABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PACKING RESTRICTIONS FOR LARGE VAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES PLEASE PROVIDE ADDITIONAL INFO:	
ANY STORAGE REQUIRMENTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES ADVICE DURATION:	
<b>PACKING REQUIRMENTS</b>			
FULL PACKING REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
FRAGILE PACKING REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NO PACKING REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SUPPLY BOXES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SUPPLY WARDROPES CARTONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DISMANTLE ANY FURNITURE OR WARDROPES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> TOTAL NUMBER