

Moving Checklist

Moving Date: _____

4 Weeks Prior to Moving Date

File change of address form with the U.S. Postal Service, credit card services, magazine subscriptions, doctor's office, etc. Many of these can be filled out online.

Arrange for utility transfers by notifying current and future utility providers of turn off and turn on dates as well as arranging for installation as needed.

Utilities	
<input type="checkbox"/> Cable/satellite television	<input type="checkbox"/> Gas
<input type="checkbox"/> Electricity	<input type="checkbox"/> Local phone service
<input type="checkbox"/> Internet/ broadband	<input type="checkbox"/> Propane
<input type="checkbox"/> Long distance phone service	<input type="checkbox"/> Sewer
<input type="checkbox"/> Recycling pick-up	<input type="checkbox"/> Trash pick-up
<input type="checkbox"/> Security system	<input type="checkbox"/> _____
<input type="checkbox"/> Water	<input type="checkbox"/> _____
<input type="checkbox"/> Cell phone service (Billing Address)	<input type="checkbox"/> _____

3 Weeks Prior to Moving Date

Task	Notes
<input type="checkbox"/> Hire Movers/Arrange Moving Truck	
<input type="checkbox"/> Recruit Help	
<input type="checkbox"/> Purchase Moving Supplies	
<input type="checkbox"/> Begin Packing, sort items	
<input type="checkbox"/> Make plans for pet transportation	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	

2 Weeks Prior to Moving Date

Task	Notes
<input type="checkbox"/> Pack all non-essential rooms and items	
<input type="checkbox"/> Deep clean cleared areas	
<input type="checkbox"/> Donate unneeded or used items	
<input type="checkbox"/> Arrange garage sale	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	

1 Week Prior to Moving Date

Task	Notes
<input type="checkbox"/> Confirm moving appointments	
<input type="checkbox"/> Make child and pet care arrangements for moving day	
<input type="checkbox"/> Set out suitcases for necessary clothes	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	

1 Day Prior to Moving Date

Task	Notes
<input type="checkbox"/> Take out all trash	<input type="checkbox"/> Get a good night's sleep, moving day is stressful
<input type="checkbox"/> Pack suitcases	<input type="checkbox"/> _____
<input type="checkbox"/> Pack, seal and label final boxes	<input type="checkbox"/> _____
<input type="checkbox"/> Pack perishables in fridge	<input type="checkbox"/> _____
<input type="checkbox"/> Make sure cell phone is fully charged	<input type="checkbox"/> _____