

# **Deltamove Ltd**

## **Removal Check List / Estimators Report**

Name	Appointment Date/Time	Removal Date	
Collection Address:	Delivery Address:		
Home:	Work:	Mobile:	Fax:

	Collection:	Delivery:
Building Type (House/Flat/Bungalow/Office)		
Floor involved (Ground (G), (G+1), (G+2), etc)		
Stairs (No. Flights No. Corners, Wide/Narrow/Steep):		
Lifts (Yes/No)		
Parking at Building (Drive, Main Road, Other):		
Distance to Door (0m–9.99m, 10m-19.99m, 20m+)		
Access at Building (Poor, Fair, Good):		

Do you require our packing service:	Yes	No
State which packing service:	Full packing service	Glass & China Packing service
Number of boxes required (Approx)		

Do you require us to dismantle any furniture?	If Yes please state what:
Are there any unusual items to be moved (Shed, Slabs, Piano, etc)? If Yes, please state what:	
Are there any carpets to be lifted or moved?	Yes / No
If Yes, please state how any:	
Do you require us to empty your loft?	Yes / No
If you think there is something important about your removal that we have not asked, please state below.	
Please note: that the number of removal days is determined by the type of move.	
Customer Signature:	Date:

**Extra Info**

