

MOVING CHECKLIST ✓



Send Change of Address Cards To

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Post Office | <input type="checkbox"/> Relatives |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Other _____ |

Make Arrangements with Moving Co.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Make Arrangements with Moving Co. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Utilities & Services

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Cable TV or Satellite Provider |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Internet Provider |
| <input type="checkbox"/> Water | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Other _____ |

Professional Services

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lawyer or Notary Public | <input type="checkbox"/> Other _____ |

Business Accounts and Services

- | | |
|--|---|
| <input type="checkbox"/> Banks | <input type="checkbox"/> Department Store Charge Accounts |
| <input type="checkbox"/> Finance Companies | <input type="checkbox"/> Insurance Agencies |
| <input type="checkbox"/> Loan Institutions | <input type="checkbox"/> Reward Programs (Airmiles, etc.) |
| <input type="checkbox"/> Pension Plans | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Credit Card Companies | <input type="checkbox"/> Other _____ |

Government Offices

- | | |
|---|--|
| <input type="checkbox"/> Income Tax | <input type="checkbox"/> Medical Services Plan (MSP) |
| <input type="checkbox"/> Family Allowance | <input type="checkbox"/> Vehicle Registration (ICBC) |
| <input type="checkbox"/> Old Age Security | <input type="checkbox"/> Driver's License or BCID |
| <input type="checkbox"/> Canada Pension Plan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Other _____ |

Local Offices and Organizations

- | | |
|--|---|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Clubs and Affiliations |
| <input type="checkbox"/> Library | <input type="checkbox"/> Sporting and Recreational Activities |
| <input type="checkbox"/> Property Tax | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Civic Organizations | <input type="checkbox"/> Other _____ |

Publications

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Music Club |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mail Order | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Other _____ |