

SAFE MOVING QUESTIONNAIRE

FIRST NAME: _____
LAST NAME: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
MANUFACTURER: _____
SAFE MODEL: _____
SAFE SERIAL #: _____
SAFE DIMENSIONS: _____
SAFE WEIGHT: _____

CURRENT LOCATION ADDRESS

STREET: _____
STE/APT/UNIT: _____
CITY, STATE ZIP: _____

CURRENT LOCATION IS A:

House (Single Story) House (Multi Floor) Apartment/Condo Other

For "Other" Describe: _____

WHERE IN THE HOUSE IS THE SAFE LOCATED? _____

OBSTACLES (I.E. STAIRS, STEEP DRIVEWAYS, ETC): _____

FLOORING TYPE: _____

IS THE SAFE BOLTED DOWN? YES NO

IS THE SAFE ON BLOCKS? YES NO

SAFE MOVING QUESTIONNAIRE

DESTINATION LOCATION ADDRESS

STREET: _____

STE/APT/UNIT: _____

CITY, STATE ZIP: _____

DESTINATION LOCATION IS A:

House (Single Story) House (Multi Floor) Apartment/Condo Other

For "Other" Describe: _____

WHERE IN THE HOUSE DO YOU WANT THE SAFE? _____

OBSTACLES (I.E. STAIRS, STEEP DRIVEWAYS, ETC): _____

FLOORING TYPE: _____

WILL THE SAFE BE BOLTED DOWN? YES NO

PUT THE SAFE ON BLOCKS? YES NO