



INVENTORY SHEET

Container Number: _____

ROOM

<input type="checkbox"/> Living Room	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Family Room	<input type="checkbox"/> Dining Room
<input type="checkbox"/> Master Bedroom	<input type="checkbox"/> Master Bathroom
<input type="checkbox"/> Bedroom 1	<input type="checkbox"/> Bathroom 1
<input type="checkbox"/> Bedroom 2	<input type="checkbox"/> Bathroom 2
<input type="checkbox"/> Other	<input type="checkbox"/> Garage

ROOM

<input type="checkbox"/> Couch	<input type="checkbox"/> Dining Room Table	<input type="checkbox"/> Chairs
<input type="checkbox"/> Bed	<input type="checkbox"/> Desk	<input type="checkbox"/> Dresser
<input type="checkbox"/> Appliances	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Check
<input type="checkbox"/> Television	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

IMPORTANT: Please pack your container evenly. Place heavier items in the bottom, and spread them out between the front and the back of the container.