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### REQUEST FOR ESTIMATE FORM

If you'd like to receive an estimate, please complete the following form, email or fax back to us, and we will contact you as soon as possible.

#### PERSONAL INFORMATION

Full Name: _____	Home #: _____
Address: _____	Work #: _____
	Cell #: _____
Point of Origin: _____	Destination: _____
Accessibility (pick one):	Accessibility (pick one):
_____ Poor (more than 100')	_____ Poor (more than 100')
_____ Fair (50' or less)	_____ Fair (50' or less)
_____ Good (10' - 12')	_____ Good (10' - 12')
_____ Great (12' ramp to door)	_____ Great (12' ramp to door)

#### CONTENTS

Please indicate how many of each item.

Bar / Cupboard: _____	Dining Table: _____	Large Clocks: _____	Speakers: _____
BBQ (no propane): _____	Dishwasher: _____	Lawnmowers: _____	Stacking/Bar Stools: _____
Beds - Cribs: _____	Dressers w/ Mirror: _____	Loveseats: _____	Stands: _____
Beds - Futon: _____	Dressers w/o Mirror: _____	Luggage: _____	Stereos: _____
Beds - King: _____	Dryers: _____	Lumber / Tires: _____	Stoves: _____
Beds - Queen: _____	End Tables: _____	Microwaves: _____	Telephone Tables: _____
Beds - Single: _____	Ent. Stand/Centre: _____	Misc. Chairs: _____	Tools / Toolboxes: _____
Bikes: _____	Filing Cabinets: _____	Misc. Tables: _____	Trash Cans: _____
Bookshelves: _____	Fridges: _____	Night Tables: _____	Trunk/Hope Chests: _____
Boxes (approx.): _____	Garden Tools: _____	Piano / Organ: _____	TVs: _____
Carpets / Mats: _____	Hall Stands: _____	Picnic/Patio Tables: _____	Vacuums: _____
Chairs: _____	Hide-a-Beds: _____	Plants: _____	Wall Units: _____
China Cabinets: _____	Highboys / Dressers: _____	Power Tools: _____	Washers: _____
Coffee Tables: _____	Kitchen Tables: _____	Printers / Faxes: _____	Water Purifiers: _____
Computers: _____	Ladders: _____	Quads / Motorcycles: _____	Wheelbarrows: _____
Desks: _____	Lamps: _____	Sewing Machines: _____	
Dining Chairs: _____	Large Chairs: _____	Sofas: _____	

Comments: (inc. description of garage/out buildings & sports equip.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Insurance (pick one):  
 \_\_\_\_\_ Standard  
 \_\_\_\_\_ Full Coverage