

REMOVAL QUOTATION

REQUEST



The
RELOCATION
BUREAU

Please complete this Questionnaire and return it to us as soon as possible.
Please use BLOCK CAPITALS. Please only write in the white boxes. Please
write all dates in full e.g. "JAN 01, 2003", or "01 JAN 2003" to avoid
mistakes or misunderstandings.

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High Wycombe, Bucks, HP15 7PD
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ABOUT YOU

Last Name:		First Name(s):	
Company:		Position:	
Home Address:		Current Phone:	
		Current Fax:	(This fax number is PRIVATE / NOT PRIVATE)
Email address:		Mobile Phone:	

ABOUT YOUR MOVE

Collection Address:	Where do you need the removal company to collect furniture from? Is there more than one collection point?	
Are there any parking or access problems at the collection address?	Such as double yellow lines, narrow lanes, resident permits etc?	
What size/how many bedrooms does your present home have?	Do you have details of the volume of your total effects?	
Insurance value:	Approximate value of your goods for insurance purposes.	
Are there any items that will require particular attention?	Do have any particularly heavy pieces of furniture like a piano or any particularly fragile items such as a chandelier?	
Approximate packing dates:	What date do you need the removal company to finish packing your furniture and be out of your old home?	

Delivery Address:	Where do you need to removal company to deliver your furniture to? Is there more than one delivery point?	
Approximate delivery dates:	What date do you want the removal company to finish delivering your goods to your new home?	
Are there any parking or access problems at the delivery address?	Such as double yellow lines, narrow lanes, resident permits etc?	
Who will be paying for your move?	Will you be settling the invoice yourself or should it be forward to your company. If it is going to your employer, please provide a contact name and number.	

Additional information or any queries or questions that you may have?:	
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Questionnaire Completed By:		Completion Date:	
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