

YOUR  
**GOODMOVE**  
GUIDE

# MOVING PLAN + TIMELINE

## 8 weeks

- Start purging! Hold a yard sale, donate unused items to charity, and throw away the rest.
- Set a budget for your move - include moving services, packing materials, and storage costs.
- Begin organizing your lesser-used belongings to make them easier to pack.
- Research and book a moving service.

## 2 weeks

- Confirm all of your move details.
- Begin packing! Start with out of season clothing, holiday items, and other non-essentials.
- Speaking of essentials, set aside a box for everything you'll need the first night in your new home.
- Make necessary repairs to your current home.

## 2 days

- Do a final load of laundry - the last thing you'll want to do in your new home is wash clothes!
- Give your current home a good cleaning.
- Empty the freezer and refrigerator of any extra food.
- Set a schedule for your moving day.

## 4 weeks

- Transfer your utility services to your new home.
- Initiate change of address updates with all necessary parties.
- Begin collecting boxes and newspapers if you are planning to pack your belongings yourself.
- Make a packing plan - what can you begin to pack and store ahead of time?

## day of

- Get a good night's sleep.
- Stay hydrated,
- Mark and set aside items that you want to keep with you (personal documents, medicine, etc.)
- Keep track of all paperwork from the moving company.
- Enjoy your new home!

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# CHANGE OF ADDRESS CHECKLIST

*my new address is...*

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- |  |   |
|--|---|
| <input type="checkbox"/> Water Company         | <input type="checkbox"/> Doctor               |
| <input type="checkbox"/> Gas Provider          | <input type="checkbox"/> Dentist              |
| <input type="checkbox"/> Electric Company      | <input type="checkbox"/> Optician             |
| <input type="checkbox"/> Phone/Internet        | <input type="checkbox"/> Vehicle Insurance    |
| <input type="checkbox"/> Cable/Satellite       | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Bank                  | <input type="checkbox"/> Subscriptions        |
| <input type="checkbox"/> Credit Cards          | <input type="checkbox"/> Gym                  |
| <input type="checkbox"/> Employer              | <input type="checkbox"/> Library              |
| <input type="checkbox"/> Investments/Insurance | <input type="checkbox"/> Post Office          |
| <input type="checkbox"/> Schools               | <input type="checkbox"/> Friends and Family   |

# BOX CONTENTS

**BOX #**

**CONTENTS**

**LOCATION**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15



# BOX CONTENTS

**BOX #**

**CONTENTS**

**LOCATION**

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