

Moving Checklist:

Send change of address to:

- Post Office:** _____
- Friends/Family:** _____
- Employers:** _____
- Utilities/Services:** _____
 - Gas _____
 - Hydro _____
 - Phone _____
 - Cable/Satellite _____
 - Water/Sewer/Garbage _____
 - Internet Service _____
 - Cellular Service _____
 - Water/Milk Delivery _____
- Schools:** _____
- Subscriptions:** _____
 - Newspaper _____
 - Magazines _____
 - Book Clubs _____
 - Cd/Tape Club _____
- Medical:** _____
 - Dentist _____
 - Doctor _____
 - Chiropractor _____
 - Physiotherapist _____
 - Massage _____
- Banks:** _____
 - Credit Cards _____
 - Insurance _____
 - Investments _____
- Car Ownership:** _____
 - Driver's License _____
 - Insurance _____
- Organizations:** _____
 - Charities _____
 - Churches _____
- Memberships:** _____
 - Gyms _____
 - BCAA _____
 - Costco _____
- Lawyer:** _____
- Family Bonus:** _____
- Income Tax:** _____
- Old Age Security:** _____