MOVING REQUEST FORM

Please Fax Completed Form to the CDC @ 469-302-2251

DATE: _____ **CAMPUS:** _____

CONTACT: _____ **PHONE:** _____

DESCRIPTION: (Complete with items to be moved, location from and location to)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

DATE ITEMS NEED TO BE MOVED: _____