

C.E. Safes Move RequestEmail Completed Form To: cesafes@gmail.com

Date of Inquiry _____

Name: _____

Contact Person: _____

Cell _____

Work _____

Home _____

Email _____

Safe Information:

Brand _____

Model _____

Size _____

Weight _____

Year Purchased _____

From? _____

REMOVE FROM: (Type of Structure)House ☐Condo/Apt ☐Business ☐Other

Name of Community / Development >> _____

Address: _____

Stairs

How many? _____

LOCATION (mark all that apply):

Garage/warehouse? _____

Upper Floor? _____

Landings? _____

1st floor room (ground level)? _____

Elevator? _____

Material? _____

Bolted down? _____

Stairs? _____

Flooring Type? _____

(carpet, marble, terrazzo, tile, hardwood, laminate)

More Info Below:

COI (Certificate of Insurance) Required?

YES NO

DELIVER TO: (Type of Structure)House ☐Condo/Apt ☐Business ☐Other

Name of Community / Development>> _____

Address: _____

Stairs

How many? _____

LOCATION (mark all that apply):

Garage/warehouse? _____

Upper Floor? _____

Landings? _____

1st floor room (ground level)? _____

Elevator? _____

Material? _____

Bolt Down? _____

Stairs? _____

Flooring type? _____

(carpet, marble, terrazzo, tile, hardwood, laminate)

More Info Below:

COI (Certificate of Insurance) Required?

YES NO

OTHER NOTES: _____

Need By Date: _____