



Materials and Equipment Moving Request

Please complete this form and send to MVSEC Administration Office, 1304 Ronzheimer Avenue, St. Charles, Illinois 60174 or scan/fax to: Brandi.Pedersen@D303.org / 331-228-4874. Make a copy of this form for yourself and your district, if appropriate. Attach Equipment labels to each item. If you have any questions, please call 331-228-4873.

Date of Request: _____

Pick-up Location /School Name: (do not abbreviate) _____

Address: _____

Room # _____ District: _____ School Office Phone # _____

Contact Name: (If known) _____

Phone Number: _____

Drop off Location (do not abbreviate) _____

Address: _____

Room # _____ District: _____ School Office Phone # _____

Contact Name: (If known) _____

Phone Number: _____

Itemize and Identify size of equipment to be moved (be specific):

Urgency _____ Low _____ Medium _____ ASAP
4 Weeks 1 Week

Request made by: _____

Supervisor: _____



Please Move Equipment Label

Attach this label to the item. Please write clearly!

Student: _____

To: School Name: _____

Address: _____

Room # _____

Classroom Teacher/Therapist: _____

Phone Number: _____



Please Move Equipment Label

Attach this label to the item. Please write clearly!

Student: _____

To: School Name: _____

Address: _____

Room # _____

Classroom Teacher/Therapist: _____

Phone Number: _____