



## 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: [Bonnie.Carlson@D303.org](mailto:Bonnie.Carlson@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: \_\_\_\_\_



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Address: \_\_\_\_\_

Room # \_\_\_\_\_

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