

MOVE NOTIFICATION FORM - DEPARTMENT

Today's Date _____ Date of Move: _____

Contact: _____ Title: _____

Email: _____ Phone: _____

CURRENT INFORMATION

Department: _____ Building: _____

Address: _____ Mail Code: _____

Current Location: _____ New Location: _____

NEW INFORMATION

Department: _____ Building: _____

Address: _____ Mail Code: _____

Current Location: _____ New Location: _____

Please list name and title of all individuals moving to the new location.

Name	Title

Please list all availability for a brief tour of facility with Post Office delivery team close to move date:

Other Information:

FOR OFFICE USE ONLY

DATE : Received _____ Receipt Sent: _____ Effective Date: _____