**Job Request Form**

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| **Please fill out this form with as much detail as possible, and email to** [**furniture.store@ed.ac.uk**](mailto:furniture.store@ed.ac.uk)**.**  **The information you have provided will be checked, and then forwarded to our approved removal contractors to proceed.** |

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| **Request Details** | | | |
| **Name** |  | **Preferred date(s)** |  |
| **Tel No** |  |
| **Email Address** |  | **Preferred time(s)** |  |
| **Does the job involve relocation of IT?** | Yes/No  (If yes, specify below) |
| **Additional requirements or information (use continuation sheet at end, if required).** |  | | |

| **Collection Address** | | **Delivery Address** | |
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|  |
| **Postcode** |  | **Postcode** |  |  |
| **1st Contact Name** |  | **1st Contact Name** |  |  |
| **1st Tel No** |  | **1st Tel No** |  |  |
| **2nd Contact Name** |  | **2nd Contact Name** |  |  |
| **2nd Tel No** |  | **2nd Tel No** |  |  |
| **Floor** |  | **Floor** |  |  |
| **Elevator** | Yes/No | **Elevator** | Yes/No |  |
| **Provide details about access e.g. parking, loading access, buzzer entry, Reception cover, etc? If possible, provide directions from building entrance, and email a floor plan/sketch to accompany Request Form.** | Yes/No | **Provide details about access e.g. parking, loading access, buzzer entry, Reception cover, etc? If possible, provide directions from building entrance, and email a floor plan/sketch to accompany Request Form.** | Yes/No |  |
| ***NB: Use continuation sheet at end if there are more than two addresses.*** | | | |  |

| **Items for Relocation or Disposal:** | | | | |
| --- | --- | --- | --- | --- |
| **Description** | **Quantity** | **Relocation or Disposal (delete/strikethrough as appropriate)** | **Location in Building** | |
| **From** | **To** |
|  |  | Relocation/Disposal |  |  |
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| ***NB: Use continuation sheet at end if required.*** | | | | |

***Address Continuation Sheet***

| **3rd Address** | | **4th Address** | | |
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| **Postcode** |  | | **Postcode** |  |  |
| **1st Contact Name** |  | | **1st Contact Name** |  |  |
| **1st Tel No** |  | | **1st Tel No** |  |  |
| **2nd Contact Name** |  | | **2nd Contact Name** |  |  |
| **2nd Tel No** |  | | **2nd Tel No** |  |  |
| **Floor** |  | | **Floor** |  |  |
| **Elevator** | Yes/No | | **Elevator** | Yes/No |  |
| **Provide details about access e.g. parking, loading access, buzzer entry, Reception cover, etc? If possible, provide directions from building entrance, and email a floor plan/sketch to accompany Request Form.** | Yes/No | | **Provide details about access e.g. parking, loading access, buzzer entry, Reception cover, etc? If possible, provide directions from building entrance, and email a floor plan/sketch to accompany Request Form.** | Yes/No |  |

***Items Continuation Sheet***

| **Items for Relocation or Disposal:** | | | | |
| --- | --- | --- | --- | --- |
| **Description** | **Quantity** | **Relocation or Disposal (delete/strikethrough as appropriate)** | **Location in Building** | |
| **From** | **To** |
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***Additional Notes (use this section to detail any additional notes that will assist with the relocation/disposal).***

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