



SourceGraphics

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Relocation Site Survey

Pick-up Address:		Delivery Address:	
Contact: _____		Contact: _____	
Company: _____		Company: _____	
Address: _____		Address: _____	
City, State Zip: _____		City, State Zip: _____	
Customer Contact at Pick-up Address:	Telephone: _____	Fax#: _____	
Customer Contact at Delivery Address:	Telephone: _____	Fax#: _____	
Equipment Information			
Make _____		Model _____	
Serial Number _____		Date of Relocation _____	
Pick up Site Information			
Pick Up Hours _____		to _____	
Receiving Dock Y / N			
Number of Steps Inside _____		Outside _____	
Freight Elevator on Site? Y / N		Width _____ Height _____	
Is Clearance needed to enter building? Y / N			
If yes, Contact Name _____		Telephone _____	
Delivery Site Information			
Pick Up Hours _____		to _____	
Receiving Dock Y / N			
Number of Steps Inside _____		Outside _____	
Freight Elevator on Site? Y / N		Width _____ Height _____	
Is Clearance needed to enter building? Y / N			
If yes, Contact Name _____		Telephone _____	

Please fax back to Source Graphics: (714) 701-1505