



SENIOR MOVE MANAGEMENT
& RIGHTSIZING

People and Companies to Contact

Utilities

	Name	Phone/Website
<input type="checkbox"/> Electricity	_____	_____
<input type="checkbox"/> Telephone	_____	_____
<input type="checkbox"/> Water	_____	_____
<input type="checkbox"/> Gas	_____	_____
<input type="checkbox"/> Other	_____	_____

Services

<input type="checkbox"/> Newspaper	_____	_____
<input type="checkbox"/> Cable/Internet	_____	_____
<input type="checkbox"/> Cell Phone	_____	_____
<input type="checkbox"/> Post Office	_____	_____
<input type="checkbox"/> Lawn Service	_____	_____
<input type="checkbox"/> Pest Control	_____	_____
<input type="checkbox"/> Security	_____	_____
<input type="checkbox"/> Other	_____	_____

Financial

<input type="checkbox"/> Accountant	_____	_____
<input type="checkbox"/> Homeowners Insurance	_____	_____
<input type="checkbox"/> Auto Insurance	_____	_____
<input type="checkbox"/> Life Insurance	_____	_____
<input type="checkbox"/> Bank	_____	_____
<input type="checkbox"/> Investments	_____	_____
<input type="checkbox"/> Financial Advisor	_____	_____
<input type="checkbox"/> Credit Cards	_____	_____
<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> IRS	_____	www.irs.gov/
<input type="checkbox"/> Other	_____	_____

Legal

<input type="checkbox"/> Lawyer	_____	_____
<input type="checkbox"/> NC Division of Motor Vehicles	_____	www.ncdot.gov/dmv/
<input type="checkbox"/> Other	_____	_____



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	Name	Phone/Website
<input type="checkbox"/> Medical		
<input type="checkbox"/> Doctor	_____	_____
<input type="checkbox"/> Doctor	_____	_____
<input type="checkbox"/> Doctor	_____	_____
<input type="checkbox"/> Dentist	_____	_____
<input type="checkbox"/> Medicare & Supplemental	_____	_____
<input type="checkbox"/> Insurance Company	_____	_____
<input type="checkbox"/> Pharmacy	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other		
<input type="checkbox"/> Place of Worship	_____	_____
<input type="checkbox"/> Library	_____	_____
<input type="checkbox"/> Magazines	_____	_____
<input type="checkbox"/> Other Publications	_____	_____
<input type="checkbox"/> Clubs	_____	_____
<input type="checkbox"/> Organizations	_____	_____
<input type="checkbox"/> Other	_____	_____