

# Itemized Customer Survey/Inventory



Customer KKFA0896785

SET FOR: 5/10/24

JORGE HERNANDEZ  
1650 SOUTHERN BLVD  
RIO RANCHO, NM 87124  
(505) 681-9237

ACCESS GOOD  
ALL BOXES NEED REPACKING  
LOADING FROM SELF STG

Total Estimated Weight: 3,507 lbs.

Total Estimated Cubic Feet: 519.5

Total Number of Items: 56

## Self Storage 2174

#	Item Description	CFt.	CP #	PBO #	#	Item Description	CFt.	CP #	PBO #
1	Bed - Queen	65.0	0	0	1	Desk - Office	30.0	0	0
1	Dolly	5.0	0	0	1	Dresser - Double	40.0	0	0
1	Dresser - Single	20.0	0	0	1	Dresser - Triple	50.0	0	0
1	Lamp - Floor	5.0	0	0	1	Sofa - 3 Cushion	50.0	0	0
2	Table - Night	5.0	0	0	1	Vacuum Cleaner	5.0	0	0
4	Book Carton	7.0	4	0	3	Dishpack	10.0	3	0
5	1.5 Cu. Carton	1.5	5	0	14	3.0 Cu. Carton	3.0	14	0
8	4.5 Cu. Carton	4.5	8	0	2	6.0 Cu. Carton	6.0	2	0
3	Corr Mirror Carton	3.0	3	0	1	TV-Flat Panel 30 - 59 - 75" Flat tv on stand MCU	35.0	1	0
1	TV-Flat Panel 30 - 59 - 65" is tv on stand	25.0	1	0	1	Queen Mattress	0.0	1	0
1	Bow	3.0	0	0	1	Chair Desk	6.0	0	0
1	Duffel bag	6.0	0	0					

Total Cubic Feet: 519.5

Total Weight (lbs.): 3506.7



# Carrier Packing & Crating Summary



## Carrier Pack

#	Item Description	Room	#	Item Description	Room
4	Book Carton	Self Storage 2174	3	Dishpack	Self Storage 2174
5	1.5 Cu. Carton	Self Storage 2174	14	3.0 Cu. Carton	Self Storage 2174
8	4.5 Cu. Carton	Self Storage 2174	2	6.0 Cu. Carton	Self Storage 2174
3	Corr Mirror Carton	Self Storage 2174	1	TV-Flat Panel 30 - 59	Self Storage 2174
1	TV-Flat Panel 30 - 59	Self Storage 2174	1	Queen Mattress	Self Storage 2174

## Packing

Item Description	CARTONS #	PACK - CP#	UNPACK #	PBO #
Book Carton	4	4	0	0
Dishpack	3	3	0	0
1.5 Cu. Carton	5	5	0	0
3.0 Cu. Carton	14	14	0	0
4.5 Cu. Carton	8	8	0	0
6.0 Cu. Carton	2	2	0	0
Corr Mirror Carton	3	3	0	0
TV-Flat Panel 30 - 59	2	2	0	0
Queen Mattress	1	1	1	0
<b>Total</b>	<b>42</b>	<b>42</b>	<b>1</b>	<b>0</b>

Signing below acknowledges receipt of an estimate of your move based on the Table of Measurements. Only the items listed are included in the cost. Any items added or additional services may result in additional cost.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carrier's Representative

\_\_\_\_\_  
Date

