


Moving home to-do list

Moving house is stressful enough, without worrying you've forgotten something. This list should help you remember the essentials.

 <h2>My house</h2>					
	Account/reference number	Phone number/web address	Other	Date contacted	All done!
Water		0345 026 7661 unitedutilities.com/moving-home	unitedutilities.com/find-and-read-your-meter.aspx		<input type="checkbox"/>
Gas					<input type="checkbox"/>
Electricity					<input type="checkbox"/>
Council tax					<input type="checkbox"/>
Telephone					<input type="checkbox"/>
Mobile phone					<input type="checkbox"/>
Internet/broadband					<input type="checkbox"/>
Cable/satellite					<input type="checkbox"/>
TV license					<input type="checkbox"/>
Home insurance					<input type="checkbox"/>
Life insurance					<input type="checkbox"/>
Post Office - redirect post					<input type="checkbox"/>
Electoral roll					<input type="checkbox"/>
Removal company					<input type="checkbox"/>
Other					<input type="checkbox"/>

 <h2>My finances</h2>					
	Account/reference number	Phone number/web address	Other	Date contacted	All done!
Bank					<input type="checkbox"/>
Building society					<input type="checkbox"/>
Credit card company					<input type="checkbox"/>
Loan company					<input type="checkbox"/>
Savings					<input type="checkbox"/>
My employer					<input type="checkbox"/>
Pension company					<input type="checkbox"/>
Inland revenue					<input type="checkbox"/>
Social security					<input type="checkbox"/>
Solicitor					<input type="checkbox"/>
Other					<input type="checkbox"/>

See next page for more reminders...



Health

	Account/reference number	Phone number/web address	Other	Date contacted	All done!
Doctor					<input type="checkbox"/>
Dentist					<input type="checkbox"/>
Optician					<input type="checkbox"/>
Vet					<input type="checkbox"/>
Other					<input type="checkbox"/>



My vehicle

	Account/reference number	Phone number/web address	Other	Date contacted	All done!
DVLA					<input type="checkbox"/>
Breakdown					<input type="checkbox"/>
Finance company					<input type="checkbox"/>
Insurance					<input type="checkbox"/>
Other					<input type="checkbox"/>



Other

	Account/reference number	Phone number/web address	Other	Date contacted	All done!
Family and friends					<input type="checkbox"/>
School/nursery					<input type="checkbox"/>
Subscriptions					<input type="checkbox"/>
Milk/paper					<input type="checkbox"/>
Gym					<input type="checkbox"/>
Other					<input type="checkbox"/>

Notes