

Resident Inventory Form

Resident: _____ Date: _____

Initial Location: _____

Relocation Address: _____

Person Completing Inventory: _____

(Name, Agency, Phone Number)

No. of Items at Initial Location	Description	No. of Items to New Location

Resident Inventory Form

Resident: _____ Date: _____

No. of Items at Initial Location	Description	No. of Items to New Location