

**SOUTHWEST COOK COUNTY COOPERATIVE  
CLASSROOM MOVE SHEETS**

**NAME OF TEACHER/PROGRAM:** \_\_\_\_\_

**SUPERVISOR'S APPROVAL FOR MOVE/DATE:** \_\_\_\_\_

**DATE MAINTENANCE DEPT. RECEIVED FORM:** \_\_\_\_\_

**SCHOOL BEING MOVED FROM/PHONE NUMBER:** \_\_\_\_\_

**SCHOOL BEING MOVED TO/PHONE NUMBER:** \_\_\_\_\_

**NUMBER OF BOXES BEING MOVED:** \_\_\_\_\_

**SPECIAL EQUIPMENT BEING MOVED:** \_\_\_\_\_

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