

**Department of General Services  
Moving Services Division  
Request for Services**

MSR # DONE - LA32-01

**PART I**

Date July 17, 2014 Department/Div Requesting Service DONE - LA32 NC  
 Requestor's Name Michelle Corzantes / Jeffrey S. Brill  
 Requestor's Phone 323 - 356 - 71685 (818) 374-9894  
 Requestor's E-mail mcorzantes@LA32NC.org / Jeff.brill@lacity.org

**PART II**

Mark all that apply

1. Relocate items within the same office/building	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2. Transport to other location	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
3. Salvage items**	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
4. Record Retention	Burn	<input type="checkbox"/>	Storage	<input type="checkbox"/>

Items to be moved/quantity:  
 Desk(s)\* \_\_\_\_\_ Computer(s) \_\_\_\_\_  
 Table(s) \_\_\_\_\_ Printer(s) \_\_\_\_\_  
 Chair(s) \_\_\_\_\_ Box(es) \_\_\_\_\_  
 Bookcase(s)\* \_\_\_\_\_ Other \_\_\_\_\_  
 File Cabinet(s)\* \_\_\_\_\_ Other \_\_\_\_\_

\*You must empty all drawers and shelves before they are to be moved  
 \*\*All salvage items must be listed on a Salvage Form or they cannot be removed. ✓ see Attached Form

**PART III**

Items being moved from (include room #): PUBLIC STORAGE  
 Address 4889 Valley Blvd.  
 Contact person \_\_\_\_\_  
 Phone \_\_\_\_\_

Items being moved to (include room #):  
 Address GSD - Salvage  
 Contact person 535 Ramirez St.  
 Phone \_\_\_\_\_

**PART IV**

If moving cost exceeds the authority limit set by GSD, an authorized signature to pay for services from your department head is required.

Michelle Corzantes Treasurer Michelle Corzantes  
 Signature [Signature] Print Jeffrey S. Brill Title SMA# - DONE

**PART V**

**For Moving Services' Use Only**

Move scheduled for:  
 Date: \_\_\_\_\_ At: \_\_\_\_\_ AM \_\_\_\_\_ PM  
 Assigned to: GSD Movers \_\_\_\_\_ American Relocation \_\_\_\_\_  
 Estimated cost of move \$: \_\_\_\_\_ Invoice #: \_\_\_\_\_ B/L #: \_\_\_\_\_

Please see back of this form for additional contact payment information

Moving Services Division  
Request for Services

Note:

Some work may require a cost estimate prior to services rendered.

Some work performed may require payment from requesting department for services rendered.

Please provide the contact information for person(s) who will be responsible for receiving and paying the invoice(s).

PART VI

Name	Jeffrey S. Brill
Department/Division	Dept of Neighborhood Empowerment
Mailing Address	200 N Spring Street # 2005, Los Angeles, CA 90012
Mail Stop	968
Phone	(818) 374-9894
E-mail	jeff.brill@lacity.org

PART VII

Name	_____
Department/Division	_____
Mailing Address	_____
Mail Stop	_____
Phone	_____
E-mail	_____

items are at public storage

4839 Valley Blvd - D163

Los Angeles, Ca 90032

323 - 223 - 1728

