

Work Request for a Structure Move

Owner's Information

Owner's name: _____

Address: _____

Home phone: _____ Cell phone: _____

Mover's Information

Mover's name: _____

Address: _____

Phone number: _____

Structure to be moved: _____

Loaded height of structure: _____

Move starts at this address: _____

Move ends at this address: _____

Details of anticipated route: _____

Anticipated date and time of move: _____

Other companies contacted: _____

Permits received: _____

Form prepared by: _____

Print name: _____ Date: _____

Receipt of the estimated cost is required three (3) days prior to the move. The final actual costs will be billed upon completion of the move and paid within thirty (30) days of the receipt of a bill.

Estimated cost: _____

Return form for Iowa MiEnergy Cooperative
move to: Attn: Wayne Hageman
 PO Box 90
 Cresco, IA 52136
 or whageman@MiEnergy.coop

Return form for Minnesota MiEnergy Cooperative
move to: Attn: Mike Ebner
 PO Box 626
 Rushford, MN 55971
 or mebner@MiEnergy.coop