



Your Post Closing Checklist



My Title Pro Florida Title Insurance Agency POST CLOSING Checklist



CHECKLIST ITEMS	WHO TO CONTACT	CONTACT INFO	DATE COMPLETED	NOTES
✓ THING TO DO				
<input type="checkbox"/>				
<input type="checkbox"/> FILE ADDRESS CHANGE/FORWARDING	United States Postal Service	moversguide.usps.com/mgo		
<input type="checkbox"/> CHANGE OF ADDRESS VOTER'S REGISTRATION	United States Postal Service	moversguide.usps.com/mgo		
<input type="checkbox"/>				
<input type="checkbox"/> BOOK MOVING TRUCK/MOVERS				
<input type="checkbox"/> DO I HAVE BOXES, TAPE, OTHER SUPPLIES?				
<input type="checkbox"/>				
<input type="checkbox"/> TRANSFER/OPEN FPL ACCOUNT	Florida Power & Light Co.	fpl.com/landing/service-order		
<input type="checkbox"/>				
<input type="checkbox"/> OPEN NEW WATER/SEWER ACCT	City of			
<input type="checkbox"/> CLOSE PREVIOUS WATER/SEWER ACCT	City of			
<input type="checkbox"/>				
<input type="checkbox"/> TRANSFER/OPEN CABLE				
<input type="checkbox"/> RETURN CABLE EQUIPMENT				
<input type="checkbox"/> PICK UP NEW CABLE EQUIPMENT				

<input type="checkbox"/>				
<input type="checkbox"/>	SET UP AUTO PAY MORTGAGE			
<input type="checkbox"/>	SET UP AUTO PAY CONDO/HOA DUES			
<input type="checkbox"/>				
<input type="checkbox"/>	CANCEL HOMEOWNER'S INS (PREVIOUS HOME)			
<input type="checkbox"/>	DID I GET REFUND OF ESCROWS (PREVIOUS LENDER)?			
<input type="checkbox"/>				
<input type="checkbox"/>	CHANGE OF ADDRESS DRIVER'S LICENSE	Department of Motor Vehicles		
<input type="checkbox"/>				
<input type="checkbox"/>	CHANGE OF ADDRESS CREDIT CARD #1			
<input type="checkbox"/>	CHANGE OF ADDRESS CREDIT CARD #2			
<input type="checkbox"/>	CHANGE OF ADDRESS CREDIT CARD #3			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>	SEND CHANGE OF ADDRESS NOTICE TO FAMILY			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>	SEND CHANGE OF ADDRESS NOTICE TO FRIENDS			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>	CHANGE OF ADDRESS PRIMARY DOCTOR			
<input type="checkbox"/>	OTHER			