

MOVING & DELIVERY REQUEST FORM

BUILDING ADDRESS: _____

UNIT # _____ OWNER'S NAME: _____

OCCUPANT'S NAME (IF DIFFERENT) _____

_____ MOVE-IN _____ MOVE-OUT _____ DELIVERY

_____ OTHER (EXPLAIN) _____

1ST DATE REQUESTED: _____

2ND DATE REQUESTED: _____

I have read the attached Moving & delivery policy and understand the guidelines which have been set forth by the Association. I further understand that I am liable for any damages or violations that may occur during my move/delivery and any damages will be deducted from my \$500.00 security deposit. If no accidents or violations occur, I will receive my full deposit.

Signature of Requestor

_____ OWNER _____ OCCUPANT

Print Name Signed Above

Date of Request

FOR OFFICE USE ONLY _____

DATE APPROVED: _____

SUPERINTENDENT'S SIGNATURE: _____

TIME STARTED: _____ TIME COMPLETED: _____

_____ COMPLETED WITHOUT INCIDENT

_____ COMPLICATIONS DETAILED ON REVERSE SIDE OF THIS FORM