



MOVE IN/OUT REQUEST FORM

UNIT # _____ RESIDENT NAME: _____

I hereby authorize the following Moving Company to access to my unit for the purpose of completing my move.

MOVING COMPANY NAME: _____

DATE OF MOVE: (MM/DD/YY) _____

I understand and agree to the following: (Please initial each item)

_____ I will provide the Management office with a refundable **\$500.00 security deposit** (Personal Check, Cashier Check or Money Order) prior to the move date.

Unit is: _____ Furnished _____ Unfurnished

_____ Moves can be scheduled Monday through Friday. 10:00 AM to 4:00 PM. All moves MUST arrive within the scheduled hour, or they will have to be re-scheduled.

_____ **No Move shall commence after 2:30 p.m.** _____

_____ Residents must be aware that the Association allows 4 small deliveries per window, therefore movers may have to share the elevator for small periods of time.

_____ Deliveries consist of 6 Pieces or less. Anything above 6 Pieces is considered a Move. If you schedule for a delivery and have more than 6 pieces, you will only be allowed to bring up to 6 pieces or two elevator rides and the rest will need to be re-scheduled.

***ALL MOVES AND/OR DELIVERIES MUST BE SCHEDULED WITH 48 HOURS IN ADVANCE.**

Signature _____
Date

Management Office use only: In Out Date Scheduled: _____

_____ Security deposit check _____ Elevator Fee _____ Certificate of Insurance