

**MOVING & DELIVERY REQUEST FORM**

BUILDING ADDRESS: \_\_\_\_\_

UNIT # \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_

OCCUPANT'S NAME (IF DIFFERENT) \_\_\_\_\_

\_\_\_\_\_ MOVE-IN      \_\_\_\_\_ MOVE-OUT      \_\_\_\_\_ DELIVERY

\_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

1<sup>ST</sup> DATE REQUESTED: \_\_\_\_\_

2<sup>ND</sup> 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