**MOVE: IN OUT EXPRESS/DELIVERY**

**TOWER: A B**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tower: \_\_\_\_ Suite: \_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **BOOKING INFORMATION** | |
| Booking Taken By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Move: 9:00am to 12:00pm  1:00pm to 4:00pm  Moving Elevator: Owner Tenant  ***NOTE*:** **All moves In required a non-refundable $200 Move-in fee payable at least 48 hours before the move in date.**  **All fees & deposits payable to *BCS 3437***    **Resident’s Name / Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **SPECIAL NOTES:** |

**Move-In / Move-Out Conditions**

1. A Non-refundable **$200 Move-in** **fee** must be paid before the move in date.
2. All new resident needs to provide a completed form K
3. A Pre and Post inspection are required of any areas where a move takes place. Any damage resulting from the move will be assessed and charged to the owner’s Strata Lot Owner in addition to the move-in fee.
4. All move-in and out shall be through designated areas only.
5. During the move, furniture must not be left in the lobby or in front of the elevators.
6. Be careful not to hit sprinkler heads in the ceiling when moving items.
7. Ensure all packing is completed prior to starting the move, so you can take full advantage of your

time slot.

1. Do not lean any furniture against common area walls.
2. Do not leave discarded items in the lobby or common areas, fines may apply.
3. Do not pack boxes in the hallways.
4. Doors should not be left propped open or left unattended at any time during the move.

I hereby acknowledge and comply with the rules and regulations set out in the Move-In / Move-Out Form;

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_