



MOVE AUTHORIZATION FORM

TODAY'S DATE: _____ UNIT#: _____ DATE OF MOVE: _____

MOVE TYPE: IN OUT Delivery Move within the Building Storage

RESIDENT NAME: _____ PHONE: _____

RESERVED MOVE TIME: 9:30 am to 12:30 pm 12:30pm to 3:30pm 4:00 to 7:00 weekends begin at 10 am.

I, _____, have read and understand the rules and regulations listed below.

SIGNED: _____

Resident Signature

Approved this ____ day of _____, 2022

Signature of Authorized Personnel

MOVE-IN/OUT RULES & REGULATIONS

1. Resident **WILL** be required to check in with the Concierge before and after the move. The Concierge and resident **WILL** review a checklist of items for the freight elevator and common areas used during the move. Common areas include hallways, lobby area, and first floor loading dock area.
2. The Resident **MUST** have a current building registration, and **WILL** be required to pay a **\$100 refundable deposit**, in the event of damage.
3. Resident and helpers are prohibited from propping the elevator doors or the loading dock doors during the move.
4. All guests' actions **WILL** be the River Place West shareholder/occupant responsibility.
5. Management is **NOT** responsible for loss or theft of property during the move. Management recommends Tenant have enough people available to keep watch over moving truck, elevator and apartment during the move.
6. Resident is required to flatten empty boxes and place them in the dumpster marked "**Cardboard only**".
7. The Shareholder/Occupant **WILL** be held personally responsible for any property damage or loss caused by Resident's misuse in accordance with Section 7.7 (b) (2) and 7.7(d) of the Bylaws.
8. Freight elevator occupancy **ONLY** allowed between the hours 9:30 am to 12:30 pm, or 12:30 pm To 4:30 pm

****FOR FRONT DESK USE ONLY****

Deposit Received (circle one): **Yes** **No** **Check#** _____

Deposit Returned (circle one): **Yes** **No**

Attention: :::::::::: Attach a photo copy of check to back of this form ::::::::::