



ELEVATOR RESERVATION AGREEMENT

Reservation Requested By: _____

Suite No.: _____ Primary Phone: _____

Forwarding Address (if outgoing): _____

Date of Booking: _____ Type: Outgoing Incoming Delivery

TIME SLOT (check one)

MONDAY TO FRIDAY: 8:00 AM TO 12:00 PM | 1:00 PM TO 5:00 PM

SATURDAY: 8:00 AM TO 11:00 AM | 11:00 AM TO 2:00 PM | 3:00 PM TO 6:00 PM

There will be no moves/deliveries allowed on Sundays or statutory holidays.

I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

1. I agree to deposit with the Corporation upon signing this agreement and when moving in or out or delivering to the building or when moving from one floor to another **a refundable security deposit of \$500.00 certified cheque or money order (P.S.C.C. 807)**. This amount will be refunded within 1-2 business days following the reservation, provided no damage or loss has been caused to the common elements of the Corporation. Damage or loss of the Corporation’s property in the responsibility of the resident. I agree not to remove the elevator protective pads provided. **I agree to duly complete a Resident Information Sheet if moving in.**
2. I agree to be held liable for all damages, which may occur as a result of the use of the elevator by me or my agents.
3. I agree that moves in, outs, and deliveries are to be made only by appointment with the Property Management staff minimum 2 days in advance. They may be reached in the office Monday to Friday at (905) 896-1270.
4. It is understood and agreed that moving times must be adhered to strictly.
5. I agree that all moves must be made through the moving entrance only. No items of any type or description may be moved through the main lobby doors.
6. I agree that all empty boxes and moving cartons are to be dismantled and removed immediately from the corridors.
7. I agree that no blockage of corridors or in front of elevators will be allowed.
8. I agree that the Corporation and/or its agent will not be held liable for any costs pertaining to a delay, if any, in my receiving the elevator as booked above.
9. I agree to advise the Concierge after the completion of the move so that an inspection can be completed and the elevator pads removed.
10. If I fail to advise the Concierge at the time of completion I understand I will be responsible for any damages created after I complete my move.





I hereby acknowledge that I have read this agreement and accept all of the conditions contained therein.

APPLICANT'S SIGNATURE _____

DATE _____

APPROVED BY MANAGEMENT _____

DATE _____

OFFICE USE ONLY

RECEIVED DEPOSIT: DEPOSIT NUMBER: _____ RECEIVED BY: _____

DEPOSIT RETURN

DEPOSIT RETURNED: NAME: _____

SIGNATURE: _____ DATE: _____

INSPECTION DETAILS

INSPECTION COMPLETE: YES / NO DATE: _____

INSPECTED BEFORE BY: _____ AFTER BY: _____

APPROVED TO RETURN DEPOSIT: YES / NO

BEFORE

AFTER

GROUND LEVEL:	_____	_____
EXTERIOR DOORS:	_____	_____
ELEVATOR DOORS/FRAMES:	_____	_____
ELEVATOR CAB/PADS:	_____	_____
CORRIDOR FLOORS:	_____	_____
CORRIDOR WALLS:	_____	_____
CORRIDOR FURNISHINGS:	_____	_____
LIGHTING FIXTURES:	_____	_____
SUITE DOOR:	_____	_____
OTHER:	_____	_____



MOVING ROOM RULES

Please be advised that both sets of doors leading from the moving room cannot be open simultaneously as the draft creates a current that can set off the fire alarm. The resulting fine from the fire department is charged back to unit.

Instructions:

1) Please load the moving room with items going either in or out, then close one set of doors and open the other set to transfer the items to the elevator or outside.

PLEASE BE ADVISED:

If these instructions are not followed, charges from the Fire Department will be billed back to your unit.

I have read and acknowledged that I must comply with the Moving Room Rules for the duration of my booking and that failure to do so could result in my move being immediately suspended and a charge back being leveled against my unit:

Signature: _____ Date: _____