

MOVING REPORT

MOVING IN / MOVING OUT / DELIVERY / PICK UP
 [PLEASE CIRCLE TO INDICATE]

**PLEASE ADVISE THE CONCIERGE, SUPERINTENDENT OR PROPERTY MANAGEMENT OFFICE
 AS SOON AS THE MOVING HAS BEEN COMPLETED OR IF YOU DO NOT NEED THE ELEVATOR BETWEEN LOADS.**

NAME OF RESIDENT MOVING _____
 TELEPHONE CONTACT # _____
 SUITE NUMBER _____
 MOVING/DELIVERY COMPANY _____
 DATE OF MOVE + TIME _____

FORWARDING CONTACT FOR MOVING OUT:

FOB NUMBERS/HOLDERS:	_____
MAILING CONTACT:	_____
ADDRESS	_____
TELEPHONE NO./ FAX/ EMAIL	_____

***** NOTE THERE IS A MAXIMUM FOUR (4) HOUR TIME LIMIT FROM 8 AM TO 8 PM, MONDAY TO SATURDAY, NO BOOKING ON SUNDAYS AND STATUTORY HOLIDAYS.**

1. THE MOVING ENTRANCE, ELEVATOR, ELEVATOR LOBBY, CORRIDORS (ALSO LOCKER OR BIKE ROOM IF APPLICABLE) BETWEEN THE SUITE AND THE MOVING AREA WILL BE INSPECTED BY THE PERSON MOVING AND THE BUILDING SUPERINTENDENT OR CONCIERGE STAFF.
2. THE RESIDENT AGREES TO USE ONLY THE ABOVE LISTED AREA FOR MOVING (TRUCKS MUST USE THE SERVICE LANE WAY AT THE NORTH END OF THE BUILDING AND GO THROUGH LOADING DOCK AREA LEADING TO MOVING ELEVATOR. DO NOT LEAVE ANY FURNITURE OR ITEMS BLOCKING ELEVATORS, CORRIDORS OR UP AGAINST WALLS (CONTRAVENES FIRE CODE).
3. THE RESIDENT AGREES TO ASSUME DIRECT RESPONSIBILITY FOR ANY REPAIRS OR CLEANING THAT, IN THE OPINION OF THE CORPORATION'S PROPERTY MANAGER, ARE NECESSARY AS A RESULT OF THE MOVE (REGARDLESS WHETHER RESIDENT IS CONDUCTING MOVE OR A PRIVATE COMPANY IS HIRED). IT IS UNDERSTOOD THAT ANY REQUIRED REPAIRS OR CLEANING WILL BE ARRANGED BY THE PROPERTY MANAGER AND THAT THE RESIDENT WILL REIMBURSE THE CORPORATION, FOR ALL COSTS OF THE ABOVE MENTIONED SERVICES.
4. THE RESIDENT AGREES TO DELIVER **A CERTIFIED CHEQUE, MONEY ORDER, IN THE AMOUNT OF \$300.00, AS A DAMAGE DEPOSIT (PAYABLE TO TSCC 2152).** IT IS UNDERSTOOD THAT THE CORPORATION WILL NOT RETURN THIS DEPOSIT, IN THE EVENT OF DAMAGES OR REQUIRED CLEANING UNTIL SUCH TIME THAT DAMAGE OR CLEANING HAS BEEN COMPLETED, AT WHICH TIME ANY UNUSED PORTION WILL BE REFUNDED. ANY COSTS ABOVE THE DEPOSIT AMOUNT WILL BE CHARGED TO THE RESIDENT. IN THE EVENT THAT NO DAMAGE OCCURS, THE DEPOSIT WILL BE RETURNED AFTER THE PREMISES IS INSPECTED OR THE NEXT BUSINESS DAY.
5. THE RESIDENT AGREES TO REIMBURSE THE CORPORATION FOR THE COST OF REPLACING ANY MOVING EQUIPMENT (HAND TRUCK, MATS, MOVING PADS) THAT HAS BEEN USED BY THE RESIDENT AND NOT RETURNED IN SATISFACTORY CONDITION.

MOVING DATE INSPECTION

Moving Truck: Type _____ License Plate No.: _____

DESCRIPTION OF AREA	DETAILS OF FINDINGS BEFORE	DETAILS OF FINDINGS AFTER
MOVING AREA		
Service Lane Way		
Loading Dock Area		
GROUND FLOOR		
Elevator Doors Interior		
Elevator Doors Exterior		
Elevator Floor		
Moving Pads		
Moving Hall Floors		
Cleanliness of Moving Hall		
Moving Room Doors		
Moving Hall Walls/Ceiling		
“ “ FLOOR		
Elevator Doors & Trim		
Carpet		
Wallpaper		
Suite Door		
Garbage Room		
Other Comments		

I/We, _____ have inspected the elevator and moving areas today with the Concierge/Superintendent and found it to be in clean and reasonable condition. I/We agree that we will reimburse the corporation for any damages or repairs incurred during our move. Prior to the move and any existing damage shall be noted as follows:

PLEASE ENSURE THE EXTERIOR DOOR IS LOCKED!

The following areas were inspected by staff and found to be in good order (service lane way, loading dock, doors, foyer near the moving elevator, inside elevator cab, floor, corridor associated to the suite, suite door and frame) except damages or deficiencies were noted as follows:

Resident's Signature: _____ Resident's Signature: _____

Staff Signature: _____ Staff: _____

DEPOSIT RETURNED TO RESIDENT ON:

I CONFIRM THE EXTERIOR DOOR IS LOCKED AND SECURED:

_____ DATE

_____ NAME OF STAFF PLEASE PRINT!

X

SIGNATURE OF RESIDENT

SIGNATURE OF STAFF