

ELEVATOR RESERVATION

Resident Name _____ Building _____ Suite _____
 cell _____ business _____ email _____
 forwarding address _____

NOTE Reservation for move out can only be confirmed by money order or certified cheque payable to TSCC1551

Booking Days & Times

Elevators are available Mondays to Saturdays between 9:00 am and 6:00 pm (no Sundays and public holidays).

Date of reservation _____ day of the week _____

Purpose (please circle one below)

move in

move out

delivery

Each reservation is for a period of 3 hours (please circle the time slot below)

09:00 – 12:00

12:00 – 15:00

15:00 – 18:00

By signing where indicated below, I hereby accept full responsibility for any damages caused as a result of my movers, contractors, and/or agents.

I further agree that any damages, however caused to the elevators and/or common areas, shall be repaired and the costs of such repairs shall be borne solely by me. Any and all invoices presented to me in connection to the repairs of any and all damages will be paid in full within fourteen (14) business days.

I further agree and shall ensure that all waste material will be disposed of offsite.

Signature _____ Date _____

Management Report

Fee of \$117 paid by ___ cheque ___ certified cheque ___ money order received on _____ (date)

Deposit of \$150 received on _____ (date) returned on _____ (date)

New Tenant Form _____ yes _____ no

New Owner’s Agreement of Purchase and Sale _____ yes _____ no

INFORMATION & INSPECTION FORM

Date _____

Resident Name _____ Building _____ Suite _____

Moving Company _____ License Plate _____ Province _____

| INSPECTION AREA | PRE MOVE/DELIVERY | POST MOVE/DELIVERY | COMMENTS |
|---------------------|-------------------|--------------------|----------|
| Back Laneway Area | | | |
| Moving Room | | | |
| Lobby Area | | | |
| Lobby Doors | | | |
| Lobby Walls | | | |
| Elevator Doors | | | |
| Elevator Frames | | | |
| Elevator Padding Up | | | |
| Corridor Floors | | | |
| Corridor Walls | | | |
| Suite Door Frames | | | |
| All Carpets | | | |
| All Light Fixtures | | | |

| Pre-Inspection | | Post-Inspection | |
|--------------------|--------------------|--------------------|--------------------|
| Concierge Initials | Resident Signature | Concierge Initials | Resident Signature |