

ELEVATOR RESERVATION FORM - information taken by _____ (Security Initials)**Booking Times:** - Two hours maximum per move or delivery per suite

Monday - Friday

(indicate time booked)

_____ 09:00 am - 11:00 am

_____ **11:00 am - 1:00 pm - NO MOVES**

_____ 01:00 pm - 03:00 pm

_____ 03:00 pm - 05:00 pm

_____ **05:00 pm - 07:00 pm - NO MOVES**

_____ 07:00 pm - 09:00 pm

_____ 09:00 pm - 11:00 pm

Saturday & Sunday (indicate time booked) _____

(available between 08:00 am - 10:00 pm with the exception of 10:00 am - 12 noon)

PLEASE NOTE

1. Only residents registered with the Management Office are permitted to book the elevator.
2. Booking is not confirmed until form has been signed and returned to Security.
3. Tractor trailers in excess of 40 feet are unable to use the loading dock and will be refused access to the building. Please advise your moving company of this restriction.

NAME: _____

SUITE: _____

TEL: (HOME) _____

(BUS.) _____

DATE OF MOVE: _____

Moving In () / Registered with Management: yes () no () / Delivery () _____

Moving Out () / Suite Vacant: yes () no () / Within Building () (from # _____ to # _____)

NAME OF MOVING COMPANY: _____ TEL: _____

I hereby accept responsibility for any damage caused as a result of my movers, contractors or agents and also ensure that all waste material will be disposed of off site. I further agree that any damage, however caused, to the elevator or the common areas, will be repaired by M.T.C.C. No. 850 and the cost of such repairs will be borne by myself and any invoice presented to me will be paid in full within 14 business days.

Signature of Resident_____
Date**DAMAGE CHECKLIST****PRE****POST**

ELEVATOR _____

WALL DAMAGE _____

CARPET DAMAGE _____

TILE DAMAGE _____

SUITE DOOR DAMAGE _____

SERVICE ENTRANCE _____

PRE-INSPECTED BY _____ DATE _____ TIME _____

POST-INSPECTED BY _____ DATE _____ TIME _____