

SERVICE ELEVATOR REQUEST FORM

RESERVED BY: (PRINT NAME)		SUITE NO.:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Check one box
PHONE NO. (HOME):	PHONE NO. (WORK):	DATE RESERVED FOR:	
TIME: (FROM)	TIME: (TO)	REASON: (CHECK ONE) <input type="checkbox"/> Move In <input type="checkbox"/> Move Out <input type="checkbox"/> Delivery	
FORWARDING ADDRESS:		NEW PHONE NO.:	
<p>PLEASE NOTE: NEW OWNERS OR TENANT MUST HAVE SUBMITTED ALL REGISTRATION DOCUMENTS (Copy of Lease and Registration Form) TO THE MANAGEMENT OFFICE AT LEAST <u>3 DAYS PRIOR</u> TO MOVE DATE.</p> <p><i>Management reserves the right to refuse access to the property, if the proper registration documentation has not been received.</i></p> <p>Moving times are as follows: MONDAY , THURSDAY AND SATURDAY 9AM TO NOON & 1 PM TO 4 PM TUESDAY, WEDNESDAY AND FRIDAY 2 PM TO 4 PM</p> <p>MOVING/DELIVERIES ARE NOT PERMITTED ON SUNDAYS AND STATUTORY HOLIDAYS</p>			

I, the undersigned, request that the service elevator be reserved for our use on the date and time stated above and understand that I shall be held responsible for **all** damages that may occur as a result of the use of the service elevator and other common elements either by myself, my family or my agents(s).

I further enclose a cheque for the deposit fee of \$200.00. This contract, with the deposit of \$200.00, will be submitted seven (7) days prior to the scheduled date of my move in/out booking.

The elevator deposit of \$200.00 will be returned after an inspection of the elevator and common areas has been performed.

I acknowledge that I have read and accept all of the conditions outlined herein and agree to abide by all rules and regulations of the Condominium Corporation.

Signature

Date

CHEQUES ONLY --- PAYABLE TO: TSCC NO. 1424

SECURITY CHECKLIST: (Initial once completed)

MANAGEMENT APPROVAL _____ OFFICIAL HANDBOOK PROVIDED _____

LEASE/FORM 5 RECEIVED _____ REGISTRATION FORM RECEIVED _____

ENTERED/REMOVED IN UNIT REGISTRY (Property Manager) _____

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AREAS OF INSPECTION	PRE-INSPECTION	POST INSPECTION
EXTERIOR:		
SIDEWALKS/CURB		
OVERHEAD DOOR		
DOOR FRAME		
LANDSCAPING		
INTERIOR:		
MOVING ROOM WALLS		
MOVING ROOM FLOOR		
ELEVATOR FRAME		
ELEVATOR WALLS		
ELEVATOR FLOOR		
ELEVATOR CEILING		
ELEVATOR FRAME/CORRIDOR		
CORRIDOR FLOOR		
CORRIDOR WALLS		
CORRIDOR CEILING		
LIGHT FIXTURES		
SUITE DOOR FRAME		
INSPECTION BY SECURITY		
INSPECTION BY RESIDENT		

DEPOSIT RETURNED: YES NO

CHARGES: YES NO

Resident Signature

Date

Security Signature

Date