

MOVE IN/MOVE OUT or DELIVERY/PICKUP BOOKING APPLICATION

Please submit your **completed form** and **removalists company's insurance** to the concierge at least **2 full working days** prior to your requested booking date. Incomplete forms will not be accepted!

Apartment No:		Are you? OWNER / TENANT (circle)
Resident Name:		
RESIDENT CONTACT DETAILS		If a new tenant, please supply a copy of the front page of your lease and leasing agent name and contact:
Email:		Are you? MOVING IN / MOVING OUT (circle)
Mobile:		
Landline:		
		If moving out, please provide new address details:

Bookings for move in/out are allowed **Monday, Tuesday, Wednesday and Friday**, between **9:00am and 4:00pm**.
 Vehicles arriving outside of these hours will be turned away.

BOOKING PREFERENCES	DATE	TIME
First Preference		
Second Preference		

Removals/Delivery Company	
Contact No.	

I, _____ (print name), agree to the terms stipulated on this application and agree to comply with the By Laws, the booking procedures and the instructions of onsite staff in undertaking this move in/move out.
 I state that I am authorized to make this request and understand that I will be held responsible for any damage caused by me or persons engaged by me in the delivery or removal of items to and from the Gazebo. I understand and accept that compensation will be paid by me to rectify any such damage caused. I agree that I have received a Move In/Move Out Procedure and Information sheet, have read and understood the content, and will comply with its obligations. I will ensure that the person/s conducting the move in/move out are briefed about the requirements of the Gazebo before they attend the site.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received:	Received By:	Diary Updated By:
Approved Date/Time:		Database Updated By:
Building Manager's Signature:		