

MOVE IN/MOVE OUT or DELIVERY/PICKUP BOOKING APPLICATION

PLEASE RETURN YOUR COMPLETED FORM TO THE CONCIERGE AT LEAST 2 FULL WORKING DAYS PRIOR TO YOUR REQUESTED BOOKING DATE. INCOMPLETE FORMS WILL NOT BE ACCEPTED

Apartment No:	
Resident Name:	
RESIDENT CONTACT DETAILS	
Email:	
Mobile:	
Landline:	

Are you? OWNER / TENANT (circle)
If a new tenant, please supply a copy of the front page of your lease and leasing agent name and contact:
Are you? MOVING IN / MOVING OUT (circle)
If a moving out, please provide new address details:

Bookings for moving in or moving out are allowed Monday to Friday, between 9:00am and 4:00pm.
 You can choose a morning slot (9:00am to 12:30pm) or and afternoon slot (12:30pm to 4:00pm).

BOOKING PREFERENCES	DATE	MORNING/AFTERNOON
First Preference		
Second Preference		

Removalist/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 authorised 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 Procedures 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:		