Moving Check List

(All requested information must be included, or the form will be returned to you for completion)

	PROPERTY ADDRESS:
	,
Are you a Tenant (rente	r) or Owner?
	dual(s) moving:
Email address of perso	n(s) moving:
You will receive an er	nail confirmation of your move.
Today's Date:	
Requested Move Date	
Requested Move Start	Time:
Please circle the appro	priate: <u>Move In</u> or <u>Move Out</u> or <u>Delivery</u>
**ALL MOVES / DEL	IVERIES MUST BE BOOKED WITHIN POLICY; <u>EVEN FIRST FLOOR & FURNISHED UNITS</u> **
	URE THE MOVE REQUEST HAS BEEN <u>CONFIRMED</u> PRIOR TO BOOKING MOVERS**
	DERTAKING FORM MUST BE SUBMITTED PRIOR TO BOOKING A TENANT MOVE IN**
	OR LOCKING OFF THE ELEVATOR- IT WILL EITHER OPEN A PANEL DOOR TO ACCESS A
KEYHOLE OR TOG	GLE SWITCH OR WILL BE INSERTED DIRECTLY INTO THE MAIN PANEL TO SWITCH THE
	ELEVATOR TO INDEPENDENT SERVICE**

PLEASE BE AWARE OF ANY / ALL COSTS ASSOCIATED WITH THE MOVE. IF YOU HAVE NOT BEEN ADVISED OF THE POLICY AND COSTS, PLEASE OBTAIN A COPY OF THE POLICY FOR YOUR PROPERTY. LANDLORDS MUST PROVIDE THIS INFORMATION TO THEIR TENANTS(RENTERS)

Return this document to: FirstService Residential Suite 810, 839 - 5th Avenue S.W. Calgary, Alberta T2P 3C8 Fax: (403)299-1813 customercare.ab@fsresidential.com