



Move-In/Move-Out Reservation Form

Resident Name: _____ Phone: _____ E-mail: _____

Property: _____ Unit Number: _____ Moving (Check): In ___ or Out ___

If moving out, what is your new address?

Address: _____ Phone: _____

City/State: _____ E-mail: _____

Date of Move: _____ Beginning Time: _____ Ending Time _____

Estimated time needed (in hours): _____

Movers/Moving Assistance

(Please indicate how you will be moving.)

Moving Company _____ Myself/Friends and/or Family _____

Name of Company: _____ Phone: _____

The Board of Directors recognizes that moving is a difficult task for the individuals moving as well as the residents and building staff. Staff must coordinate the elevator, access the loading area, and monitor the safety and security of the building. Thus, moves must be scheduled in advance through the building manager's office. The unit owner is responsible for any costs, fees, damages, violations, penalties, and/or assessments therein related to or caused by the move.

Unit Owner Signature

Unit Number

Date

Phone

{For Office Use Only} Moving Fee \$ _____ due at time form is turned in and prior to move date

Remaining will be due at end of move based on actual move time (checks made payable to Dartmouth Willow Terrace)

Actual Start Time _____

Actual Finish Time _____

Staff Signature/Date/Time

Resident Signature/Date/Time

Turn form back into management at end of move.