

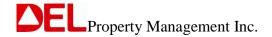
## MOVING REPORT

## MOVING IN / MOVING OUT / DELIVERY / PICK UP [PLEASE CIRCLE TO INDICATE]

PLEASE ADVISE THE CONCIERGE, SUPERINTENDENT OR PROPERTY MANAGEMENT OFFICE AS SOON AS THE MOVING HAS BEEN COMPLETED OR IF YOU DO NOT NEED THE ELEVATOR BETWEEN LOADS.

	NAME OF RESIDENT MOVING	
	TELEPHONE CONTACT#	
	SUITE NUMBER	
	MOVING/DELIVERY COMPANY	
	DATE OF MOVE + TIME	
FORWARDING CONTACT FOR <u>MOVING OUT</u> :		
	FOB NUMBERS/HOLDERS:	
	MAILING CONTACT:	
	ADDRESS	
	TELEPHONE NO./ FAX/ EMAIL	

- \* \* \* NOTE THERE IS A MAXIMUM FOUR (4) HOUR TIME LIMIT FROM 8 AM TO 8 PM, MONDAY TO SATURDAY, NO BOOKING ON SUNDAYS AND STATUTORY HOLIDAYS.
- THE MOVING ENTRANCE, ELEVATOR, ELEVATOR LOBBY, CORRIDORS (ALSO LOCKER OR BIKE ROOM IF APPLICABLE) BETWEEN THE SUITE AND THE MOVING AREA WILL BE INSPECTED BY THE PERSON MOVING AND THE BUILDING SUPERINTENDENT OR CONCIERGE STAFF.
- 2. THE RESIDENT AGREES TO USE ONLY THE ABOVE LISTED AREA FOR MOVING (TRUCKS MUST USE THE SERVICE LANE WAY AT THE NORTH END OF THE BUILDING AND GO THROUGH LOADING DOCK AREA LEADING TO MOVING ELEVATOR. DO NOT LEAVE ANY FURNITURE OR ITEMS BLOCKING ELEVATORS, CORRIDORS OR UP AGAINST WALLS (CONTRAVENES FIRE CODE).
- 3. THE RESIDENT AGREES TO ASSUME DIRECT RESPONSIBILITY FOR ANY REPAIRS OR CLEANING THAT, IN THE OPINION OF THE CORPORATION'S PROPERTY MANAGER, ARE NECESSARY AS A RESULT OF THE MOVE (REGARDLESS WHETHER RESIDENT IS CONDUCTING MOVE OR A PRIVATE COMPANY IS HIRED). IT IS UNDERSTOOD THAT ANY REQUIRED REPAIRS OR CLEANING WILL BE ARRANGED BY THE PROPERTY MANAGER AND THAT THE RESIDENT WILL REIMBURSE THE CORPORATION, FOR ALL COSTS OF THE ABOVE MENTIONED SERVICES.
- 4. THE RESIDENT AGREES TO DELIVER A CERTIFED CHEQUE, MONEY ORDER, IN THE AMOUNT OF \$300.00, AS A DAMAGE DEPOSIT (PAYABLE TO TSCC 2152). IT IS UNDERSTOOD THAT THE CORPORATION WILL NOT RETURN THIS DEPOSIT, IN THE EVENT OF DAMAGES OR REQUIRED CLEANING UNTIL SUCH TIME THAT DAMAGE OR CLEANING HAS BEEN COMPLETED, AT WHICH TIME ANY UNUSED PORTION WILL BE REFUNDED. ANY COSTS ABOVE THE DEPOSIT AMOUNT WILL BE CHARGED TO THE RESIDENT. IN THE EVENT THAT NO DAMAGE OCCURS, THE DEPOSIT WILL BE RETURNED AFTER THE PREMISES IS INSPECTED OR THE NEXT BUSINESS DAY.
- 5. THE RESIDENT AGREES TO REIMBURSE THE CORPORATION FOR THE COST OF REPLACING ANY MOVING EQUIPMENT (HAND TRUCK, MATS, MOVING PADS) THAT HAS BEEN USED BY THE RESIDENT AND NOT RETURNED IN SATISFACTORY CONDITION.



## **MOVING DATE INSPECTION**

Moving Truck: Type	Lic	ense Plate No.:		
DESCRIPTION OF AREA	DESCRIPTION OF AREA  DETAILS OF BEFO		DETAILS OF FINDINGS AFTER	
MOVING AREA				
Service Lane Way				
Loading Dock Area				
GROUND FLOOR				
Elevator Doors Interior				
Elevator Doors Exterior				
Elevator Floor				
Moving Pads				
Moving Hall Floors				
Cleanliness of Moving Hall				
Moving Room Doors				
Moving Hall Walls/Ceiling				
" "FLOOR				
Elevator Doors & Trim				
Carpet				
Wallpaper				
Suite Door				
Garbage Room				
Other Comments				
I/We,	have inspected the	PLEASE ENSU	RE THE EXTERIOR DOOR IS LOCKED!	
elevator and moving areas Concierge/Superintendent and found reasonable condition. I/We agree the corporation for any damages or repamove. Prior to the move and any exnoted as follows:	at we will reimburse the airs incurred during our	The following areas were inspected by staff and found to be in good order (service lane way, loading dock, doors, foyer near the moving elevator, inside elevator cab, floor, corridor associated to the suite, suite door and frame) except damages or deficiencies were noted as follows:		
		Resident's Signature:		
otan olghatalo.		_ Stall		
DEPOSIT RETURNED TO RESID	ENT ON:	I CONFIRM THE EXTERIOR DOOR IS <u>LOCKED AND</u> <u>SECURED</u> :		
DATE		N	AME OF STAFF PLEASE PRINT!	
_X				
SIGNATURE OF RESI	DENT	SIGNATURE OF STAFF		