



ELEVATOR BOOKING FORM

Name: _____

Suite#: _____ Address: _____

Condominium Corporation: _____

Phone: _____ Email: _____

Date Requested: _____

Please check one: Moving In Moving Out

Note: If moving in, please complete the attached Personal Data Sheet and return it with this form.

Time slot: 9:00 AM – 1:00 PM 1:00 PM – 5:00 PM

MOVING RULES

1. The following form must be signed and completed in full by the registered unit owner, and provided to our office at least 10 days prior to the requested move date. **Booking arrangements for tenants must be made by the Unit Owner (Landlord) directly. Tenants are not permitted to book elevators.**
2. **A \$100.00 cash deposit** will be collected at time of key pickup, and will be returned when the key is returned to our office.
3. Bookings are accepted on a first-come first-served basis, as determined by receipt of the completed form(s) by our office.
4. Moving vehicles must park in the area designated for moving only. Please move the vehicle as quickly as possible when move is complete.
5. Elevator protection pads must be installed prior to the move, or when taking delivery of large items that could cause damage to the elevator.
6. Please keep the lobby as clear as possible to minimize the inconvenience to other residents. It is your responsibility to ensure that the outside doors are not left unattended during the moving in/out process. All doors must be fully secured and locked upon completion of your move.
7. All cardboard boxes must be cut and folded and placed in the recycling area in accordance with the building recycling program.
8. Common areas, elevator cabs, hallways, garbage rooms, etc. will be checked before and after a move. Any clean up or damage costs, as a result of your move-in or move-out is your responsibility.
9. **NO MOVING IS PERMITTED ON SUNDAYS OR HOLIDAYS.**

I/We, the undersigned Unit Owner, have read, understood, and agree to the moving rules and policies set forth herein.

Date: _____ Owner Signature: _____



Please return completed form to
TAG MANAGEMENT 1 – 5510 Mainway, Burlington ON L7L 6C4
Tel: (905) 333-5506 Fax: (905) 333-0613 Email: mail@tag-solutions.ca