

# The Elan Moving In/Out Form

Requested Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested Time: \_\_\_\_ : \_\_\_\_  AM  PM

Apartment No.: \_\_\_\_\_ Owner  Tenant

Resident Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Booking: Move-In  Move-Out  Delivery  Other \_\_\_\_\_

Delivery Company: \_\_\_\_\_

Delivery Company Contact Name \_\_\_\_\_

Delivery Company Contact Mobile \_\_\_\_\_

Company's Liability and Workers Compensation attached

**I/We understand and agree that I/We are accountable for all damages caused to the Elan by the move.**

Signature of Primary Resident \_\_\_\_\_

Name of Primary Resident \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy of Drivers Licence to be attached