



MOVE IN/MOVE OUT or DELIVERY/PICKUP BOOKING APPLICATION

Please submit your **completed form** and **removalists company's insurance** to the concierge at least **48 hours** prior to your requested booking date. Incomplete forms will not be accepted!

Apartment No:	
Resident Name:	
RESIDENT CONTACT DETAILS	
Email:	
Mobile:	
Landline:	

Are you? OWNER / TENANT (circle)
If a new tenant, please supply a copy of the front page of your lease and leasing agent name and contact details.
If you are a new Owner, please supply a copy of the front page of the signed Sale Contract.
Are you? MOVING IN / MOVING OUT (circle)
If moving out, please provide new address details:

Bookings for move in/out are allowed 8am – 4pm, Monday to Friday only.

Vehicles arriving outside of these hours will be turned away.

BOOKING PREFERENCES	DATE	TIME
First Preference		
Second Preference		

Removals/Delivery Company	
Contact Name & Phone Number	

I, _____ (print name), agree to the terms stipulated in the **“Move-In/Out, Delivery and Pickup Procedures and Information”** form and agree to comply with the By Laws, the booking procedures and the instructions of onsite staff in undertaking this move in/move out.

I state that I am authorized to make this request and understand that I will be held responsible for any damage caused by me or persons engaged by me in the delivery or removal of items to and from Rockwall Apartments. I understand and accept that compensation will be paid by me to rectify any such damage caused. I agree that I have received a Move In/Move Out Procedure and Information sheet, have read and understood the content, and will comply with its obligations. I will ensure that the person/s conducting the move in/move out are briefed about the requirements of Rockwall Apartments before they attend the site.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received:	Received By:	BuildingLink Updated By:
Approved Date/Time:	Building Manager/Concierge Signature:	