

XYZ CONDO – MOVING IN/OUT FORM

Today's Date _____

This form must be submitted to Kappes Miller Management 10 days prior to all moves. Please fill out this form and return to Kappes Miller at:

4 Monroe Parkway, Suite G
Lake Oswego, OR 97035.

Or you may fax to: 503.699.0913 or email bshockey@kappesmiller.com.

MOVING FEE: \$200 M-F

MOVING FEE: \$250 S-Su

Upon receipt of this form we will bill the unit owner's account for the Moving Fee for your convenience. Please be aware that your move is allotted 3 hours for staffing and managing the free flowing of the elevator car service, time for hanging the protective pads, and keying the elevator on/off. If you exceed your allotted three hours you will be billed at the hourly maintenance rate.

Damage to the building caused by the owner or owner's movers will be charged to the owner. Please use care while moving.

All moves are to take place through the lobby. Please make sure your moving truck does not block garage access. No commercial loading or off loading in the garage is permitted.

The front door cannot be propped continuously during your move. Off load items first, then load/unload the elevator all at one time. Please do not hold up the elevator; release it for the use of other residents

XYZ CONDO owners are responsible for their movers' compliance to the above procedures. Failure to comply may result in a Board imposed fine of up to \$500.00 and reimbursement for any damages incurred. If you have any questions please contact Kappes Miller Management at 503.699.5427.

RESIDENT MOVING INFORMATION

Type of Move: In Out Other: _____

Unit Number:		Your Name:	
Contact Phone:		Unit Owner (if applicable):	
Date Requesting:		Hours Requested:	
Comments:			

FRONT ENTRY PROGRAMMING

Name(s):		Local Phone Number for Intercom:	
Access Code at Front Entry (Must be a ___ digit numerical code):		Press '___', then your Code for Access	
Allowing Visitor Access via Building's Intercom System:		Please press ___ on your phone to allow access	