

MOVING IN/OUT REQUEST FORM

The form can be collected from the Building Manager's office or can be requested via email, from: bm@martinpowlett.com.au

Making a Booking

Complete and send the request form to building manager, either delivery the form to the building manager room or via email. The move time will be allocated and informed to the applicant in one business day. And please quote your apartment number in the email, otherwise you might experience delay in the process.

Move in/out times

Monday to Friday: 8:00am—4:00pm

Saturday moves in/out will require the authority of the Committee of Management

No moves on public holiday and Sunday will be permitted

Inspection

On arrival, all contractors/removalists should contact building manager on **0468 452 666** who will conduct the pre-move inspection with contractor/removals. On completion, a post-move inspection should be performed. An "Inspection Form" must be completed and signed by both contractor/removals' and building manager. The contractor must follow the guide and instruction from building manager. Strictly only use the nominated lift for moving.

Damage to the common property

Should any damage to the common property happened during the moving, the applicant should pay or reimburse the Owners Corporation all costs for repair and/or replacement.

Packaging Waste

All packaging waste must be completely removed from the building. If any packaging waste is left or abandoned on site, the property owner / tenant will pay or reimburse Owners Corporation the disposal costs.

APPLICANT:

Name: _____ Owner Tenant

Owners alternative address: _____

Mobile: _____

Email: _____

CONTRACTOR:

Name: _____ Owner Tenant

Company Name and ABN (if applicable): _____

Contractor's Address: _____

Contractor's insurance certificate number: _____

Mobile: _____

Email: _____

DETAILS OF THE MOVE:

Apartment Number: _____

Proposed Move date: _____

Proposed Move time: _____

Statement and acknowledgement:

I have read and accepted all the clauses in the form, and the information provided in the form is accurate and true at my best knowledge.

Applicant Signature: _____

Print name: _____

Date: _____

NB: This completed form must be returned to the Building Manager & approval provided prior to arranging your contractors. Any alterations to this request must be addressed with the Building Manager