

## **MOVE IN/OUT REQUEST FORM**

Resident Name(s):		Unit #		
	Move In	` Move Out	` Delivery	
Requested Move / Delive	ery date:			
Requested time period: [	☐ 8:00am – 12:00pm *	☐ 12:00pm – 4	:00pm ** ` Other:	
Name of Moving / Delive	ery Company:			
	ompany Certificate of Liab Plaza on Brickell 851 Condo		rive Miami, FL 33131	
Moves must be schedu		rs in advance and mu uring the following h	st be confirmed by Management. Mours only:	loves are
	•	- Friday, 8:00am - 4 or Holidays - Moving	1	
ALLOWED ON THE PRO ** MOVERS MUST ARE	PERTY), AND MUST BE <u>C</u>	OFF THE PROPERTY E Y BY <u>NO LATER THA</u>	<mark>n 2:00</mark> рм (отнеrwise, тнеу wii	
MOVING TRUCKS THA		-	LL NOT BE PERMITTED ON THE PR	<u>OPERTY –</u>
all such materials from trash chutes or left in the the Association will bill	premises. Under no cir ne common areas (includ the resident for the cost	rcumstances may any ling hallways). If any of removing said mat	sident's responsibility. Movers MUS of these materials be placed in the of moving material is disposed of in- erials. AGREE TO THE ABOVE.	ne building
	AVE KEAD, AND FULLI	UNDERSTAIND AND	_	
Resident Signature:			Date:	