

920 Memorial City Way

FREIGHT ELEVATOR REQUEST

Address: _____

Date: _____

Company: _____

The freight elevator is reserved on a first come, first serve basis. Please call and check the availability of the freight elevator before sending request.

Requested by: _____

Dates needed: _____

_____ a.m. to: _____ a.m.
_____ p.m. _____ p.m.

All moves and/or deliveries MUST be scheduled AFTER 6:00 p.m. Monday through Friday*

FREIGHT ELEVATOR REQUESTED FOR:

- Delivery of _____
- Move-in _____
- Move-out _____
- In-house move _____

Mover/Delivery Company: _____

Mover/Delivery Contact: _____

Telephone: _____

*** Moves and/or deliveries must be scheduled with the Property Management Office at least 24 hours prior to usage of freight elevator and a current Certificate of Insurance for the vendor must be on file in the Property Management Office. Unscheduled moves or large deliveries may not be allowed.**

Please drop off or email this form to the Property Management Office