SOHO LISGAR

ELEVATOR RESERVATION AGREEMENT FORM
FOR MOVE IN/OUT & MAJOR DELIVERIES

Form submission date: _____ **Time:**_____AM/PM **Suite#**:_____
Day Month Year

Name _____, _____ Owner or Tenant
Last Name First Name/Given Name circle one

Emergency Phone number(s) Cell: _____ Home: _____

Permission to access unit if Resident/Owner is not available (initial required): _____

PURPOSE FOR BOOKING - check appropriate option

Move-In: _____ **Move-Out:** _____ **Large item Delivery:** _____

SECURITY DEPOSIT

Security Deposit is $200 and can be paid by cheque payable to *OCSCC 956* or CASH. Please hand the paymnet to the superintendent overseeing the move, at the beginning of the move. The superintendent will hand this back to you, *assuming no damages have been incurred,* once your move is completed.

FEES

- **NO CHARGE - (Monday – Friday 8am – 2pm)**
- **$125.00 CASH FLAT RATE -** For off hours (after 2pm) and weekends.
  Fee for Statutory Holidays is $200.00 ** **ONLY IF PERSONNEL IS AVAILABE** **

SCHEDULED MOVE/DELIVERY DATE & TIME

Day _____ Month _____ Year _____, Day of Week _____

TIME: from:_____ to:_____ MAX. 3 hours

See page 2 for Inspection Details

SOHO LISGAR LUXURY CONDOMINIUMS
developed by MASTERCRAFT STARWOOD Investment Builders Since 1951
Mastercraft Management Corp. Shared Facilities Manager
SOHO RESIDENCES APARTMENT HOTELS
CMG CONDOMINIUM MANAGEMENT GROUP

SOHO LISGAR

OFFICE TO COMPLETE

STAFF MEMBERS HANDLING THE MOVE IN/DELIVERY

Delivery: Employee: _____Elevator Pads (yes/no): _____Inspection done by: _____

INSPECTION DETAILS

	Before	After
1. Loading/Delivery entrance	_____	_____
2. Moving room and doors	_____	_____
3. Elevator doors and frames	_____	_____
4. Elevator cab pads	_____	_____
5. Elevator interior	_____	_____
6. Corridor walls, floors, ceiling	_____	_____
7. All light fixtures	_____	_____
8. Suite doors and thresholds	_____	_____
9. Garbage Chute & Room	_____	_____
10. Other	_____	_____

***Ensure all boxes and debris are properly disposed of after delivery.**