

MOVE IN/MOVE OUT REQUEST FORM
Owners Corporation on Plan No. PS737476N
Lakeside - 77 Queens Road, Melbourne

This form must be submitted to the Building Manager at least 72 hours prior to the planned move in order to confirm the move. Move are only permitted to be carried out Mondays to Fridays during the following time slots (Saturday allowances 1 month from initial settlements):

MORNING	8:00am to 10:00am	10:00am to 12:00pm
AFTERNOON	12:00pm to 2:00pm	2:00pm to 4:00pm

A pre and post inspection will be carried out by the Building Manager to inspect for damage caused during the move. If damage has evidently been caused during your move in/out, you will be charged all costs associated with rectifying the damage caused therefore we urge you to take extreme care when moving your items through the Common Property. Furthermore, any items dumped at the property by vacating Residents will be removed by the Owners Corporation, with the cost being deducted from the Resident's bond accordingly.

APPLICANT DETAILS:

Unit Number: / 77 Queens Road, Melbourne, VIC 3004
 Resident/s Name:
 Phone Numbers: B/H: A/H: Mobile:
 Email Address:

MOVE IN/OUT DETAILS:

Date of Move: Time Slot for Move:
 Type of Move: Self-Move / Removalist *(please circle)*

REMOVALIST DETAILS:

Removalist Company:
 Company Address:
 Telephone No: B/H: A/H: Mobile:
 Email Address:

It is a requirement of the Owners Corporation that any Removal Company engaged has Public Liability Insurance, with a copy of the Certificate of Currency to be provided to the Building Manager with this Move in/out Request Form. Additionally, the below section must be completed and signed by the Removalist and Resident for the move to be approved. If a Removalist is engaged and the below section has not been completed by the Removalist or a copy of the Public Liability Insurance has not been provided with this form, then the Resident will have to accept the liability on behalf of the Removalist and take responsibility for any damage caused during the move.

INDEMNITY SECTION - TO BE COMPLETED BY RESIDENT AND REMOVALIST COMPANY

I/We from
(Removal Company Employee) *(Removal Company Name)*
 and/or from Unit No.
(Resident Name)

UNDERTAKE TO TAKE ALL DUE CARE AND DILIGENCE DURING THE MOVING PROCESS. Furthermore, the Removal Company agrees to reimburse the Owners Corporation on Plan of Subdivision No. 734528M any expense incurred by the Owners Corporation to reinstate to the original condition any surface or item which may become damaged or marked by the company's action during the move in/out. In the event that the Removal Company refuses to reimburse the expenses to fix damages, the Resident agrees to accept liability for the charges to be billed to them directly.

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(Removalist Employee Signature) *(Resident/s Signature)*

Date: Date: