

RESERVATION FORM | MOVING IN & MOVING OUT

Please complete and return a minimum of 48 hours before moving in/out.

Delivery Details:

Booking Type Moving In Moving Out Delivery Other

Requested Date
(DD/MM/YY)

Requested Time

Delivery
Company

Delivery
Ph No

Delivery Contact
Name

Strata Plan

Lot No

Unit No

Building Name

Building Address

Resident Details:

Status

Owner

Tenant

Mr

Ms

Miss

Mrs

Other

First Name

Surname

Best contact number

Best email address

RESERVATION FORM | MOVING IN & MOVING OUT CONTINUED

Agent Details:

(if applicable)

Company Name

Contact Person

Phone Fax

Email

Declaration:

My name is and as the resident of

Unit/Lot # of the building, located at

agree to abide by the guidelines of moving in/out.

Signature Date

OFFICE USE ONLY

Holding deposit received Receipt No Date

Amount Received \$

Holding deposit returned to resident

Receipt returned and attached to this reservation form

Holding Deposit Returned:

My name is and as the resident of

Unit/Lot # of the building, located at

confirm that all moving

guidelines have been complied with during the move and I confirm my holding deposit of \$ has been returned to me by the Building Management

on / /