

River Bank Lofts Condominium Association  
550 N. Kingsbury Street

MOVE - IN / MOVE - OUT FORM

Date of Request: \_\_\_\_\_ Unit #: \_\_\_\_\_ Current Owner Seller Buyer Renter

Print Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Move Date: \_\_\_\_\_ Monday Tuesday Wednesday Thursday Friday Saturday

Moving Times Available: 8 a.m. - 1:00pm M-F 2:00 p.m. - 7:00 p.m. M-F 10 a.m. - 2:00 p.m. Sat. Only

\* If the scheduled move times are ignored and the move starts early or ends late, the moving security deposit will be forfeited.\*

Office Use Only	
\$ 100.00 Non-Refundable Fee	\$ 300.00 Moving Security Deposit
Date Rec'd: _____	Date Rec'd: _____
Check #: _____	Check #: _____
Forwarding Address (In Order To Return Deposit)	Deposit Check Return Date _____
Name : _____	c/o _____
Address: _____	City/State/Zip _____

Front Desk Notified by: Name (Print): Tania Zawadzki Date: \_\_\_\_\_  
Security Guard Ordered by: Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Maintenance: Time Moving Mats Were Put Up: \_\_\_\_\_ By: \_\_\_\_\_  
Time Moving Mats Were Taken Down: \_\_\_\_\_ By: \_\_\_\_\_

Security Guard: Time Check-In Was Performed: \_\_\_\_\_ Time Check-Out Was Performed: \_\_\_\_\_

Resident/Mover: Check-In Walkthrough Notes \_\_\_\_\_

I agree with the Check-In Walkthrough findings:  
Resident/Mover Signature: \_\_\_\_\_

Security Guard Signature: \_\_\_\_\_

Check-Out Walkthrough Notes \_\_\_\_\_

I agree with the Check-Out Walkthrough findings:  
Resident/Mover Signature: \_\_\_\_\_

Security Guard Signature: \_\_\_\_\_

Release of Moving Deposit Approved by: Security Guard: \_\_\_\_\_ Date: \_\_\_\_\_

Property Manager: \_\_\_\_\_ Date: \_\_\_\_\_