

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: _____