

ELEVATOR RESERVATION FORM

Date: _____

Name: _____ Unit: _____

Reservation Date: _____ Circle one: North elevator or South elevator

Time In : _____ AM/PM

Time Out: _____ AM/PM

Move In: _____ Out: _____

Name of Moving Company/Delivery Service _____

Contractor: _____

Mon-Sat from 9 AM to 5 PM.

Contractor Saturday schedule 9AM to 1PM only.

You must finish all deliveries and furniture move-ins or outs by 4:45 PM. NO EXCEPTIONS.

Note: On Saturdays there will be ONLY ONE Move-in or Move-Out available for this day due to time limitations. Likewise, if your delivery shows up late, this is not the responsibility of Parker Plaza Management and the owner must reschedule for the next available delivery date.

**ALL RESERVATIONS REQUIRE A DEPOSIT OF \$100.00 PAYABLE TO
PARKER PLAZA ESTATES.**

ELEVATOR RESERVATIONS THAT EXCEED 3 HOURS WILL BE CHARGED THE ELEVATOR FEE.

IF THERE ARE DAMAGES TO THE ELEVATORS OR COMMON AREAS DURING YOUR RESERVED TIME FRAME. (IF THE COST OF THESE DAMAGES EXCEEDS \$100.00 THE REMAINING BALANCE WILL BE BILLED TO THE OWNERS ACCOUNT).

ALSO PLEASE NOTE: RESERVING THE ELEVATORS DOES NOT MEAN YOU WILL BE THE SOLE PERSON PERMITTED TO USE THEM DURING THE TIME INDICATED ON THIS FORM. YOU MAY BE SUBJECT TO SHARING YOUR TIME WITH OTHER MOVE-INS, PICK-UPS, CONTRACTORS OR PARKER PLAZA EMPLOYEES.

By signing this form I _____ (please print), I agree to the terms of this form and acknowledge I have read and understand all the provided information listed above. **I will notify the office upon completion.**

Signature: _____

Check number: _____

Office Personnel: _____