

STATEMENT OF INTENT TO MOVE ITEMS

I/we plan to move furniture or have a delivery of _____

by _____ into or out of Apt. # _____
(company or name)

on _____, _____, at _____.
(day) (date) (time AM/PM)

Please call apartment or _____, contact phone # _____ for entry.
(print name)

Protective pads **will** or **will not** be required.

I understand that any damages caused will be my full responsibility and will pay for any costs for the repair of such damages.

I understand that this statement must be approved by the MVT Office Staff and presented at time of the move to obtain an elevator key, and if necessary, the protective pads.

For Office Use Only
Approved: _____
Date: _____

Signed: _____

Apt. # _____

Date: _____