

DATE(S) OF EXPECTED MOVE: _____

MVP INTENT TO MOVE STATEMENT

Moving In / Out

MOVING INTO UNIT # _____

MOVING OUT OF UNIT # _____

Is Everyone Moving Out of Unit?) _____

Removal / Delivery

REMOVING ITEMS FROM UNIT # _____

DELIVERING ITEMS TO UNIT # _____

CHECK OFF ALL THAT APPLIES

FURNITURE APPLIANCES BOXES CLOTHING

I/we understand that moving hours are Monday through Friday 8am to 7pm and Saturday and Sunday 10am to 4pm

I/we understand that dates and times of impending deliveries or moves, consisting of a volume greater than 100 pounds, shall be arranged with MVP office and this statement must be approved by the Manager's office and be presented prior to scheduled date of the move or delivery.

I/we understand that any damages caused to the buildings, stairways, lamp posts, parking lots, sprinklers, etc., will be my/our full responsibility and I/we will pay for any cost for repairs for such damage.

RESIDENTS NAME _____ SIGNATURE _____ DATE _____

PERSON FILLING IN STATEMENT RESIDENT OWNER AGENT OTHER

SPECIAL INSTRUCTIONS:

Office Use Only

Received by Staff Initials _____ Date _____

Security Use Only

Please verify if damage to common area Damaged: yes _____ no _____

IF YES EXPLAIN _____ Guard Initials _____ Date _____