

FREIGHT ELEVATOR FORM 1300 MAIN

REQUEST FOR FREIGHT ELEVATOR

Company Name: _____

Suite: _____

Target Move Date: _____

Hours of Move: _____

Moving Company
: _____

Address: _____

Contact: _____ Number: () _____

Submitted by: _____

Date: _____

*Reservations for the loading dock are on a first come first served basis. The freight elevator is the only elevator equipped for use in a move.

*If using an outside vendor, a valid certificate of insurance must be on file in the Management Office before any work can commence.