

# Resident Move / Delivery Request

Please complete the following information so as to assist Building Management  
(All information shall be treated in the strictest confidence)

Apartment Number	
Owners Name/s:	
Building Address:	The Apartments
	19 Marcus Clarke Street
	Acton ACT 2601

## **Resident and Contact Information**

Resident Name/s:	
Contact Number/s:	
Email Address/s:	

Move In Date:

Move Out Date:

Delivery Date:

## **Removalist / Delivery Company Details**

Name:

Contact Number:

## **Resident Declaration**

I have read and understand the requirements for this removal/delivery. I also understand that any associated damage to the building or property shall be deemed my responsibility. It is my responsibility to ensure that my Removalist or supplier/s have the appropriate insurances.

Signature:

Date: