



## OCSCC 809 Elevator Move-In/Move-Out Reservation Agreement

By signing this Agreement, the resident agrees to abide by this Policy, its terms and conditions (attached). The resident also agrees to covenant with OCSCC 809 and its agents from and against all claims, demands, losses, damages, costs, charges and expenses arising directly or indirectly from the reservations of the elevator for their move.

Unit Address: \_\_\_\_\_ Ring Code: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Please indicate if this Reservation is for an Owner or a Tenant: \_\_\_\_\_

Tenant's Name(s) If Applicable: \_\_\_\_\_

Tenant's Phone Number If Applicable: \_\_\_\_\_

Tenants's Email Address If Applicable: \_\_\_\_\_

Your Elevator Reservation is required for a:

Move In       Move Out       Delivery       Other  \_\_\_\_\_

If elevator is being placed on service for contract work, indicate name of company:

\_\_\_\_\_

New Address (if moving out): \_\_\_\_\_

Date of Reservation: \_\_\_\_\_

Time of Reservation: From \_\_\_\_\_ (a.m./p.m.) To: \_\_\_\_\_ ( a.m. /p.m.)

Name of Moving Company: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Damage Deposit cheque for \$200.00 is payable to: OCSCC 809, attached   
Inspection/Reservation Fee cheque for \$75.00 payable to OCSCC 809, attached

**Pre-Move Inspection**

Everything is satisfactory prior to the event or see attached with details of issues.

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

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**Post-Move Inspection**

Everything is satisfactory following to the event or see attached with details of issues.

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

