

601 Surf Avenue, Brooklyn NY 11224 (718) 266-2175 (718) 266-2542 (fax)

ELEVATOR RESERVATION FORM

Use of elevators for below purposes is allowed between the hours of 9am-4pm, Monday-Friday. Failure to adhere to this rule will result in a fine.

Name of Resident:	
Building #:	Apartment:
Elevator Request Date:	Time:
Phone Number: ()	<u> </u>
1. Purpose (Circle Appropriate Act	ivity)
Move-In Move-Out Delivery	Debris/Furniture Removal
List of Items:	
removed or stolen for the du	oility to insure the protective padding is not ration of the elevator usage. I further agree that this rity on the day the elevator is used to avoid fines. Date:
Deposit (\$300) Paid: Yes No	
Approved by:	_
3. Elevator Inspection (filled out b	by Security Officer and/or Managing Agent)
Elevator Protective Padding:	
Elevator/Hallways Condition Before Us	age:
Elevator/Hallways Condition After Usa	ge:
Inspected By:	(Security Officer)
4. Deposit Returned:	Date:

(Signature of Apartment Owner)

Please Check In to the Security Desk before your expected Delivery or Move in/out