Mondeo Springs

ELEVATOR REQUEST FORM

(8 Mondeo Dr) ☐ **TSCC 1566**

(18 Mondeo Drive) ☐ **TSCC 1737**

Delivery ☐
Move in ☐
Move out ☐
(By Money Order)

Time of Reservation:_____

Date of Reservation:_____

I, _____, of Suite#_____ have requested the use of the moving
(print resident's name)
elevator on the above time and date. I hereby acknowledge that I will be held responsible for any damages to the elevator car, the pads and/or the surrounding common areas in relation to this reservation. I will bring in a **money order** for moving out. In the event that any damages occur, I will forfeit to Del Property Management Inc., the **$200 deposit** cheque that I have made payable to **the Corporation**. If the cost of repair exceeds $200 then I will take responsibility for any additional cost incurred by the corporation on my behalf.

***Mattress and box springs** must be encased/sealed in a disposable plastic bag prior to being moved in or out of the building or across the common elements; as failure to do so may constitute both a health hazard and a nuisance. Plastic bags are available at the management office at a cost of $5.00 each.

All the unclaimed deposit cheques will be destroyed after 1 month of the issue date.

Resident's Signature:_____ Tel: _____

Deposit Received: _____ (date) By:_____

Deposit Returned: _____ (date) To:_____ (signature)

Pre-inspection Comments:_____

Security's Signature:_____

Resident's Signature:_____

Post-inspection Comments: _____

Security's Signature: _____

Resident's Signature:_____