



ELEVATOR REQUEST FORM

Name: _____

Address: _____ Unit: _____

Date of Move: _____

Maximum time allowed when booking an elevator is four (4) hours in order to ensure that all persons have equal access. In the event of an emergency, or as deemed necessary by the Superintendent, your scheduled time may be interrupted.

(To book the elevator please call weekdays 8 a.m. to 7 p.m., Saturdays 9 a.m. to 5 p.m.)

As we will be moving IN / OUT of our unit (as shown above) we are requesting to book the elevator on this date between the hours of:

_____ A.M. _____ A.M.
_____ P.M. and _____ P.M.

We understand that the requested hours may not be available and we agree to accept any alternative times provided by the Superintendents.

Signature of Tenant

Date of Request

FOR SUPERINTENDENT'S USE:

Date received: _____

Approved: _____

Alternate time provided: _____

Tenants given copy of confirmation form: _____

ELEVATOR ON SERVICE