



MOVE IN BOOKING FORM

PS Number:	
Name:	
Apartment Number:	
Phone contact Number:	
Email Address:	
Date of Move in:	
Time of Move in:	
Length of time for Move in:	
Are you using a Removalist?	Y / N
Name of Removalist Company:	
Contact person:	
Phone Number of Removalist:	
Email of Removalist:	
Brief description of items being moved:	

Please note:

- Prior to your move in date please provide to your owners corporation manager completed Move in form;
- Prior to your move in date please provide to your owners corporation manager, the Certificate of currency for Public Liability of your Removalist Company.
- You are responsible for the costs of any damage caused to the common property.
- Confirmation of booking date and time is subject to availability.

.....
(Signature)

.....
(Date)

Please email this completed form to: info@stratabasemgt.com