

875 West End Avenue

MOVE IN / MOVE OUT
FORM

Date: _____

Name: _____

Work #: _____ Home #: _____

Pager # : _____ Cell # : _____

Email: _____

Apt # _____

Date moving in _____ Date moving out _____

Time _____

The freight elevator can be used between hours of 8:30 AM thru 3:30 PM Monday thru Friday.

Approved by _____
Property Manager

Please note that your moving carrier must provide us with a Certificate of Insurance naming the person moving in as the holder and also naming the 875 West End Apartment Corp. & Orsid Realty Corp. (1740 Broadway, NY NY 10019) as additional insured's. A Copy of the Insurance Certificate must be attached to this form.