

# AURORA LIFT RESERVATION/FURNITURE MOVE FORM

PLEASE SUBMIT COMPLETED REQUEST FORM TO BUILDING MANAGEMENT TEAM'S OFFICE OR PLACE IN OWNER'S CORPORATION MAIL BOX IF OFFICE IS UNNATTENDED

Date of Application:		Apartment Number:	
Applicant Name:			
Contact Telephone:		Contact Mobile:	
Date of Move:		Time of Move:	
Brief Description of Goods:			
<p><b>PLEASE NOTE:</b> A time must be nominated in either an am or pm timeslot or at a time closest to the actual delivery time, so as to avoid any conflicts with other furniture movements and deliveries for that day. Please enquire with your removalist company prior to submitting your request. Should you have any difficulty obtaining an estimated delivery time, please contact the Building Management Team. Thank you.</p>			
Moving/Delivery Company:			
Address:			
Contact Telephone:		Contact Mobile:	
Insurance Company:			
Insurance Policy Number:			
Height of Truck (metres):			
<p><b>OC RULES:</b> Should the selected moving/delivery company not hold Public Liability/Damage Insurance, I understand that I shall be responsible for rectifying any damage caused during the move and will remunerate the Body Corporate for any damage to Common Property as per the condition report.</p>			

## ***Furniture Movement (Owner's Corporation) Rules Summary***

1. Please advise Building Management Team no less than 48 hours prior to the day of your intended move or delivery.
2. All moves and/or deliveries must occur within designated times to avoid an additional moving fee. These times are:

**MONDAY – FRIDAY: 9am – 4pm**

**\*SATURDAY: 9am - 1pm, 1pm – strictly 3pm**

**\*Saturday bookings cannot extend past 3pm. After 3pm the lift is unavailable.**

## ***NO FURNITURE MOVES ARE PERMITTED ON SUNDAYS OR PUBLIC HOLIDAYS***

3. Large items **must not be moved through the front entrance (582 St Kilda Rd)**
4. Access to the loading bay is via **582 Queens Lane**

Upon signing of this document, I acknowledge and understand that I am bound by the Owner's Corporation Rules.

Signature of Applicant(s):	
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**\*\* COMMON AREA/PROPERTY CONDITION REPORT \*\***

Date:		Time:	
Apartment Number:		Contact Number:	
Applicant Name:			

**BEFORE MOVE CONDITION**  
(NOTE ANY EXISTING DAMAGE)

**LOADING BAY AREA:**

TRUCK PARKING	
ROLLER DOOR	
LOADING RAMP	
UNLOAD AREA	
LOADING BAY AREA:	

**LOBBY/FOYER AREA:**

DOORS:	
FLOORS:	
WALLS:	
CEILINGS:	
LIGHT FIXTURES:	
WALL FIXTURES:	

**LIFT CONDITION:**

DOORS:	
FLOORS:	
WALLS:	
CEILINGS:	
LIGHT FIXTURES:	
WALL FIXTURES:	

**FLOOR LEVEL:**

DOORS:	
FLOORS:	
WALLS:	
CEILINGS:	
LIGHT FIXTURES:	
WALL FIXTURES:	

**ADDITIONAL NOTES:**

*THE ABOVE IS A TRUE, ACCURATE AND FAIR RECORD OF THE CONDITION OF AREAS/PROPERTY ACCESSED DURING THE MOVE*

Signature:	
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*Building Management Team Member*

*UPON SIGNING THIS DOCUMENT, I HEREBY ACCEPT FULL LIABILITY FOR ANY DAMAGE CAUSED BY MYSELF OR MY CARRIER DURING THE ABOVE MOVEMENT OF FURNITURE/ITEMS*

Signature:	
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Name:	
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Date:	
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*SEE 'FURNITURE MOVEMENT RULES FOR RESIDENTS' DOCUMENT FOR FURTHER TERMS/CONDITIONS AND INFORMATION PERTAINING TO THE ABOVE MOVE*

**AFTER MOVE CONDITION**  
(NOTE ANY EXISTING DAMAGE)

**LOADING BAY AREA:**

TRUCK PARKING	
ROLLER DOOR	
LOADING RAMP	
UNLOAD AREA	
LOADING BAY AREA:	

**LOBBY/FOYER AREA:**

DOORS:	
FLOORS:	
WALLS:	
CEILINGS:	
LIGHT FIXTURES:	
WALL FIXTURES:	

**LIFT CONDITION:**

DOORS:	
FLOORS:	
WALLS:	
CEILINGS:	
LIGHT FIXTURES:	
WALL FIXTURES:	

**FLOOR LEVEL:**

DOORS:	
FLOORS:	
WALLS:	
CEILINGS:	
LIGHT FIXTURES:	
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**ADDITIONAL NOTES:**

*THE ABOVE IS A TRUE, ACCURATE AND FAIR RECORD OF THE CONDITION OF AREAS/PROPERTY ACCESSED DURING THE MOVE*

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Signature:	
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Name:	
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Date:	
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