

ELEVATOR RESERVATION

NAME

UNIT

ELEVATOR NO.

TEL.

EMAIL

☐

TENANT

☐

OWNER

☐

CONTRACTOR

IMPORTANT NOTE: YOUR RESERVATION IS NOT COMPLETE UNLESS CONFIRMED BY THE MANAGEMENT OFFICE IN WRITING AND ONLY AFTER RECEIVING THE REQUESTED DOCUMENTS.

FILLING OUT THIS FORM AND DROPPING IT OFF DOES NOT CONFIRM YOUR RESERVATION.

Elevator Reservation is not available on weekends and observed Holidays.

RESERVATION DATE REQUESTED: _____

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TIME SLOT 1: 9:00 AM TO 12:45 PM

FOR **MOVE-IN OR MOVE-OUT ONLY**

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TIME SLOT 2: 1:00 PM TO 4:30 PM

FOR **MOVE-IN OR MOVE-OUT ONLY**

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DELIVERIES

DELIVERY COMPANY _____

INSURANCE REQUIRED

MOVES AND DELIVERIES: COI must include
PLAZA DEL PRADO CONDOMINIUM ASSOCIATION, INC.
18071 Biscayne Blvd, Aventura, Florida 33160
as the name insured

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DISPOSAL OF BULKY ITEMS

IMPORTANT NOTE: All reservation schedules rely on the operational condition of the Elevator. An unforeseen mechanical failure may disrupt the service and the reservation. Management is not responsible for any logistical issues resulting from delays by moving or delivering companies. We will do our best to accommodate, but there is no guarantee that we can offer alternatives. It is with this acknowledgment and agreement that the Elevator reservation is accepted. Delayed deliveries that overlap other reservation times will need to wait for use.

RESIDENT'S NAME & SIGNATURE

NAME OF MANAGEMENT STAFF

DATE: _____

LIST BELOW ALL ITEMS FOR ELEVATOR TRANSPORTATION WITH THE REQUESTED RESERVATION

NO ADDITIONAL ITEMS WILL BE ALLOWED