

Move-In Day Information

El Dorado

Tenant Name: _____

Tenant Move-In Coordinator: _____

Current Address: _____

Current Phone #: _____

Moving Date: _____

Moving Time: Start: _____ Finish: _____

Moving Company: _____

Moving Company Telephone: _____

Moving Company Supervisor: _____

Moving Company Contracted for Certificate of Insurance?: Yes ___ No ___

Number of Movers: _____

Oversized Furniture or Equipment:

Special Move-In Cleaning Requirements:

Additional Security Requirements:

Emergency Tenant Names and Phone Numbers During Move:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____