

Riverbend

At Lansdowne Woods

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MOVE FORM- REQUIRED

TO: Moving Company (or state Self-Move): _____

FROM: Riverbend Management

SUBJECT: Scheduled Move for Unit: _____; Move In _____ or Move Out _____ (check one)
Freight elevator time for the above referenced move into Riverbend at Lansdowne Woods of Virginia Condominium has been reserved for: _____ only between the hours of **9:00 A.M. & 4:00 P.M.** To ensure all scheduled moves are accomplished with minimal disruption, the following procedures must be followed:

1. Before the move begins, the Management Office on the Ground Floor needs to receive (1) this completed & signed form, (2) a \$200 check or money order move fee payable to Riverbend (sorry, no cash or credit card), (3) Damage deposit of \$300.00 for professional move in or move out. (4) mover's insurance documentation or if a self-move, a \$1,000 damage deposit check or money order. **The move may not start until these items are provided to Management.** The building engineer will meet you at the loading dock behind the building when you arrive.
2. The elevator schedule must be strictly adhered to. If the moving vehicles are more than thirty (30) minutes late the Building Manager reserves the right to forfeit your reservation.
3. If the vehicle arrives at a time the Management Office feels does not provide adequate time for the move to be completed prior to 4:00 p.m. the management reserve the right to forfeit the reservation.
4. The Mover and/or Homeowner and the Engineer will inspect the building including the elevator, floors, walls, and doors before & after the move. **Report to Management Office when the move is completed.**
5. The mover or resident must cover the carpet in the corridor from the elevator to the unit door with Masonite floor protection sheets. The mover or resident must also protect the walls with koroflex. This material is available from the Engineer for use by all moving companies and self-movers. **A move may not commence until these protective materials are in place.** The protective materials must be picked-up and stored at the Loading Dock before 4:00 p.m. after the move is completed.
6. **The mover must provide a Certificate of Insurance** making Riverbend at Lansdowne Woods of Virginia Condominium as named insured **prior to the day of move.** Coverage must include *Comprehensive General Liability* coverage for *Bodily Injury and Property Damage* in the amount of not less than one million dollars (\$1,000,000). In addition, *Automobile Liability* coverage for *Bodily Injury and Property Damage* in the amount not less than one million dollars (\$1,000,000) must be provided, as well as *Workman's Compensation* in accordance with statutory requirements. **A move may not commence without this. State resident's name and unit number on form.**
7. **All moves must be completed by 4:00 p.m.** If the move is not completed within the allotted time, the mover or resident may be required to yield the elevator to a subsequent mover on the schedule. Cleaning up, inspection and moving the truck are included in a move and all must be completed by 4:00 pm.
8. Damage to Riverbend property could result in damage charges imposed on the moving company and resident.
9. Failure to follow the procedures outlined in this notice could result in additional charges or penalties (additional penalties are assessed at a rate of \$55.00 per hour until compliance with these regulations has been satisfied by the moving company or resident).

These rules and requirements have been established by Riverbend in order to ensure all movers receive equal and equitable consideration and the moving process remains on schedule for all residents and with minimal disruption. Please abide by the regulations so that your move can be completed smoothly, efficiently, and on time.

Authorized Name

Authorized Signature

Date

ELEVATOR CHECK-IN

Mover/Resident

Staff

A) **Pre-Inspection** By: _____

B) Pads Installed By: _____

C) Elevator Locked-Off By: _____

Time: _____

D) Checks: ___\$200.00 Move in Fee ___\$300.00 Professional Damage Deposit ___\$1000.00 Self Move Deposit

INSPECTION – AFTER MOVE

ELEVATOR CHECK-OUT

Mover/Resident

Staff

A) **Move/Del. Complete** By: _____

Form returned to Mgmt. Office

B) Final Inspection By: _____

C) Protective Material Returned By: _____

D) Elevator Returned to Service By: _____

Time: _____

OFFICE USE ONLY

- Move-In Fee Received
- Deposit Checks Received PRIOR to move
- Settlement Sheets Received
- Certificate of Insurance Received