

# Elevator Reservation Contract

## The Sierra Condominium

[This section must be completed and signed by resident(s)]

Name of Resident[s]: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (HOME) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ Email: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_

Name of Moving Company: \_\_\_\_\_

Contact Person and Phone Number: \_\_\_\_\_

(Payment can be received in the form of checks or money order, and shall be made payable to The Sierra Condominium)

Personal Check #/Money Order # \_\_\_\_\_ Amount: \_\_\_\_\_

### Applicable Fees/Deposit:

Check Applicable Move Type	Move Type	Amount
	Move-In	\$200
	Move-Out Deposit	\$200

Please review Summary of Move Procedures, and relevant policies, for the definition of a move, and other rules, including the need to reserve and confirm reservation of the move, and that moves are ONLY to take place during office hours, which currently are 11am-7pm Monday through Friday, and 10am-3pm on Saturday. No moves may take place Sunday. Office hours are subject to change, and must be verified and reservation confirmed before making any arrangements.

### Acknowledgement

*I (We) hereby acknowledge that I (We) have read and agree to the terms and conditions of the Summary of Move Procedure, Policy on Moving Fees and Procedures, and the Resolution regarding Move-in/Move-out Fees. I (We) agree to be bound to the requirements and terms and conditions set forth in said documents. If there is damage to the Elevator or other common elements in excess of the Security Deposit, I (We) will pay the additional charges, any such charges are collective in the same manner as an assessment against my (our) unit. I (We) agree that should I (We) fail to pay the damage to common elements in excess of the Security Deposit and the Association must file suit in the City of Arlington to enforce this contract, I (We) will pay the Association's attorneys' fees and costs.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name & Address :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name & Address :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[This section must be completed by Association representative (manager)]

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_