

ELEVATOR KEY SIGN-OUT/RETURNED

For: Moving In/Out, Deliveries, Movement of Furniture, Appliances, A/C Units, etc.

OWNER NAME	Printed _____	Phone No. _____
TENANT NAME(S)	Printed _____	Phone No. _____
UNIT NO./BLDG.	_____	_____
DATE(S) OF MOVE (Sunday – Saturday)	MOVING IN or DELIVERY: From _____ To _____	MOVING OUT: From _____ To _____
TIME FRAME 8:00 a.m. – 6:00 p.m.	Beginning _____ a.m./p.m. Ending _____ a.m./p.m.	
ELEVATOR PADS/FLOORING	Request 72 Hours before moving	
ELEVATOR KEY ACCEPTED \$250 Check Required; deposit returned upon return of elevator key	Date: _____ Check No. _____ Deposit received by: _____ (printed) Bayside Representative	Check (as deposit for receipt of elevator key) made payable to <i>Bayside Condominiums Association of Brevard</i>
Received instructions on use of elevator key	Date: _____ By: _____ (printed) Bayside Representative By: _____ (Printed) Owner/Tenant	<ol style="list-style-type: none"> 1. <u>Owner/Tenant MUST BE in possession of key in elevator;</u> 2. <u>Key must NOT be duplicated or shared with others;</u> 3. <u>Be considerate of other residents' need to use the elevator.</u>
Returned elevator key <u>after</u> move/delivery	Date: _____ Received by: _____ (printed) Bayside Representative	

I acknowledge I understand the *Rules and Regulations* regarding moving in or out and elevator usage of the Bayside Community. I also understand any damage caused, and subsequent repair costs, to common property are my responsibility.

Owner Name: _____ **Tenant Name** _____
(Printed) (Printed)

Owner or Tenant Signature _____ **Date** _____