

9805 Katy Freeway

FREIGHT ELEVATOR REQUEST

Address: _____

Date: _____

Company: _____

The freight elevator is reserved on a first come, first serve basis. Please call and check the availability of the freight elevator before sending request.

Requested by: _____

Dates needed: _____

_____ a.m. to: _____ a.m.
_____ p.m. p.m.

All moves and/or deliveries MUST be scheduled AFTER 6:00 p.m. Monday through Friday*

FREIGHT ELEVATOR REQUESTED FOR:

Delivery of _____

Move-in _____

Move-out _____

In-house move _____

Mover/Delivery Company: _____

Mover/Delivery Contact: _____

Telephone: _____

* Moves and/or deliveries must be scheduled with the Property Management Office at least 24 hours prior to usage of freight elevator and a current Certificate of Insurance for the vendor must be on file in the Property Management Office. Unscheduled moves or large deliveries may not be approved.

Please drop off or email this form to the Property Management Office