MEMORIAL CITY

9753 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. ☐ p.m. to: _____ ☐ a.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 will be turned away!**

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