

Service Elevator Reservation Form

Landmark Condominium Association

Resident Information:

- **Name:** _____
- **Unit Number:** _____
- **Phone Number:** _____
- **Email Address:** _____

Reservation Details:

- **Date of Reservation:** _____
- **Requested Time Slot:** _____ (Available Monday to Saturday, 8:00 AM - 4:00 PM)
- **Purpose of Reservation:**
 - Moving In/Out
 - Contractor Access
 - Delivery
 - Other: _____

Payment Details:

- **Fee:** \$300 (Payment must be made in advance to confirm the reservation.)
- **Payment Method:**
 - Credit Card
 - Check
 - Other: _____

Rules and Guidelines:

1. Reservations are available **Monday to Saturday** between **8:00 AM and 4:00 PM**.
2. The service elevator may only be used during the reserved time slot.
3. Maximum reservation period is **3 hours**.
4. Payment of \$300 must be received **in advance** to secure the reservation.
5. All items moved in/out must be transported directly and not left in common areas or building dumpsters.

Acknowledgment:

I acknowledge and agree to adhere to the rules and guidelines for using the service elevator.

Signature: _____

Date: _____

For Office Use Only:

- **Payment Received:** Yes No
- **Reservation Approved By:** _____
- **Date Approved:** _____