**11 Raphael St, Lidcombe**

**Lift Booking Form & Move In & Move out Form**

**Are you move in or moving out ? : (please circle) Moving In / Moving Out**

**First Name: Last Name: .**

**Email: Phone Number: .**

**Number of residents :**

**Number of Cars:**

**Car Registration Number(all cars) :**

**Unit No:**

**Move In Date:**  **/ /2023**

**Move In Time (Please circle)**

8am – 11am / 11am – 2pm / 2pm – 5pm

**Removalists Details**

Company Name: .

Company Address: .

Contact number: .

* I understand that if any damage to common area of the building caused by our moving in activity, I will be responsible for repair cost.
* This booking form must submit to building manager 48hours in advance.
* Removalists trucks are not allowed to enter basement parking area.

**Please sign: .**

**You will be notified of confirmation of booking date and time**