Scottsdale Shadows

Move-In and Move-Out Procedures

Building/Unit # _____ Deposit Paid ☐ YES ☐ NO Date: _____

Resident's Name _____ Employee Name _____

When moving company arrives at Scottsdale Shadows premises, obtain the following information:

Name of Company: _____

Business PH # _____ Cell (when provided) _____

Driver's Name _____

Owner's Release of Driver _____

☐ **Pre Move-In** ☐ **Pre Move-Out**

Condition of Lobby Floors (Basement & 1st Floor) _____

Condition of Lobby Doors, Frames & Walls _____

Is Elevator Padded ☐ Yes ☐ No

Condition of Elevator Walls, Doors & Frame _____

Condition of Stairwell Walls, Windows, Doors _____

Condition of Hallway Walls & Ceiling to Unit _____

Condition of Hallway Carpet/Flooring _____

Condition of Unit Door & Frame _____

Notes: _____

_____ _____

Employee Signature Date

☐ **Post Move-In** ☐ **Post Move-Out**

Condition of Lobby Floors (Basement & 1st Floor) _____

Condition of Lobby Doors, Frames & Walls) _____

Condition of Elevator Walls, Doors & Frame _____

Condition of Stairwell Walls, Windows, Doors _____

Condition of Hallway Carpet/Flooring _____

Condition of Hallway Walls & Ceiling to Unit _____

Condition of Unit Door & Frame _____

Notes: _____

_____ _____

Employee Signature Date