

PASARROYO

TENANT MOVE-IN INFORMATION

Tenant Name

Tenant Move-In Coordinator

Current Address City/State

Phone # Suite Certificate of Insurance Received: Yes No

Moving Date Moving Time: Start: Finish

Moving Company Phone #

PacifiCom Coordination: Yes No

Number of Suite Keys Number of WRR keys Number of MRR keys

Moving Company Contacted for Certificate of Insurance? Yes No

Furniture Company Contacted for Certificate of Insurance? Yes No

Phone Company Contacted for Certificate of Insurance? Yes No

Special Move-In Cleaning Requirements: _____

Additional Security Requirements: _____

EMERGENCY TENANT NAMES AND PHONE NUMBERS DURING MOVE:

Name Cell #

Name Cell #