

Move Request Form

- ❖ *All moves longer than 30 minutes must be scheduled before 7am and after 6pm and are subject to a \$50.00 per hour loading dock/freight elevator usage fee (1 hour minimum)*

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY

Request Date: _____ Move Date: _____

Type of Move: _____ Total Weight: _____

Is your move more than 500 lbs? Yes No

If your move is more than 500 lbs it must be submitted for a structural review. Please contact our Construction Department at (206) 443-1800 or skanuch@westinbldg.com. A signature from our Construction Manager or e-mail must accompany this form when you submit it to the Loading Dock Master.

Construction Manager Signature that review has been completed _____

Tenant Moving: _____ Suite #: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____

Requested Time & Duration of Move: _____

Moving Company: _____

Phone Number: _____

Contact Person: _____

Tenant Authorized Signature: _____ Date: _____

Print Name: _____

****Note: Any damages resulting from this move will be the responsibility of the Tenant and will be billed accordingly. INITIAL HERE:** _____

2001 SIXTH LLC Use Only	TENANT ID: _____
	CHECK IF INITIAL MOVE <input type="checkbox"/> (NO CHARGE)
	TOTAL AMOUNT: _____
	DATE OF SERVICE: _____
	2001 SIXTH INITIAL: _____ DATE: _____
	CHARGE TYPE: MOVE