LIV GROUP

ELEVATOR BOOKING & DEPOSIT FORM

Landlord :_____

Address:_____

_____

Superintendent: _____

Tenant Name(s): _____

Unit Number: _____

Phone Number: _____

Email (optional): _____

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2. Move-Out Elevator Booking Details

Requested Move-Out Date: _____

Approved Elevator Booking Window (2–3 hours):

From: _____ AM / PM To: _____ AM / PM

Booking Request Submitted On: _____
(*Must be submitted at least **14 days before** move-out date*)

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3. Elevator Deposit

A **$250 Elevator Deposit** is required to reserve elevator access for move-out.

Accepted Payment Methods: ☐ Cash ☐ E-transfer

Date Paid: _____ **Amount:** $250 **Receipt # (staff use):** _____

Refund Method:
☐ Cash ☐ E-transfer (same method as received)

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4. Mandatory Tenant Checklist

☐ I understand the elevator must be booked **minimum 14 days in advance**.
☐ I understand the **$250 deposit** must be paid to confirm the booking.
☐ I will use **only the designated service elevator** for moving/or large item moving.
☐ I will not block other elevators.
☐ I understand protective elevator pads will be installed by the Superintendent.
☐ I will ensure no damage is caused to the elevator, hallways, walls, or doors.
☐ I will remove any debris or mess created during the move.
☐ I understand that damages may be deducted from the deposit and/or subject to LTB action.
☐ I agree to follow all directions from the Superintendent on move-out day.
☐ I understand that using the elevator outside my approved time window may result in loss of deposit.

Tenant Acknowledged above checklist : _____

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5. Deposit Return Conditions

The $250 deposit will be refunded **within 48 hours** once the Superintendent confirms:

✔ No damage to the elevator, hallways, or building interior
✔ Elevator pads/equipment were used properly
✔ No debris or garbage was left behind
✔ Move occurred only during the approved booking window
✔ All tenant responsibilities were followed

If damages exceed $250, additional charges may be applied through the **LTB**.

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6. Tenant Acknowledgment

I certify that the above information is correct and that I have read, understood, and agreed to the mandatory checklist and all elevator use rules.

Tenant(s) Name: _____ **Date:** _____

Tenant(s) Signature:_____

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7. Superintendent / Staff Section (Internal Use)

Booking approved by: _____

Elevator pads installed by: _____

Move-out complete on: _____

Post-move inspection:
□ No damage – Deposit refunded
□ Damage or cleaning required – see notes

Inspection Notes:

_____

_____

Refund processed by: _____

Refund date: _____