MOVE – OUT CHECKLIST
333 – 11th Avenue SW

COMPLETE	⬅ Complete & submit form to Building Operator	For office use only ➡	APPROVED
☐	**COMPANY NAME**	**DATE OF MOVE**	☐
☐	**MOVE CONTRACTOR**	**CONTRACTOR CERTIFICATE OF INSURANCE RECIEVED** Yes ☐ No ☐	☐
☐	**BOOK FREIGHT ELEVATOR** DATE (YY/MM/DD) TIME		☐
☐	**NOTIFY ASPEN OF ALL WORK BEING PERFORMED ON YOUR SPACE AND PROVIDE A CONTRACTOR SCHEDULE (if applicable)** DATE SUMBITTED (YY/MM/DD) Note: Refer to Construction Rules and Regulations		☐
☐	**CHANGE MAILING ADDRESS AND ARRANGE FOR FORWARDING MAIL** FORWARDING ADDRESS _____ _____ _____ DATE SUBMITTED (YY/MM/DD) Note: This information will be given to clients who may look for your company in the building after your departure. A forwarding address is also required for the submission of yearly operating cost adjustments.		☐
☐	**RETURN ALL SECURITY ACCESS CARDS** DATE SUBMITTED (YY/MM/DD)		☐
☐	**CANCEL MONTHLY PARKING** Contact Impark to cancel parking stalls at 403•299•7275		☐
☐	**RETURN MAILBOX KEYS** DATE SUBMITTED (YY/MM/DD)		☐

Please Sign upon completion
COMPANY REPRESENTATIVE

X _____

Date _____
(YY/MM/DD)

For office use only
ASPEN PROPERTIES LTD.

X _____

Date _____
(YY/MM/DD)