



MOVE – OUT CHECKLIST

COMPLETE	Complete & submit form to Building Operator	For office use only	APPROVED
<input type="checkbox"/>	COMPANY NAME	DATE OF MOVE	<input type="checkbox"/>
<input type="checkbox"/>	MOVE CONTRACTOR	CONTRACTOR CERTIFICATE OF INSURANCE RECIEVED Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BOOK FREIGHT ELEVATOR DATE _____ TIME _____ : _____ (MM/DD/YYYY)		<input type="checkbox"/>
<input type="checkbox"/>	NOTIFY ASPEN OF ALL WORK BEING PERFORMED ON YOUR SPACE AND PROVIDE A CONTRACTOR SCHEDULE (if applicable) DATE SUBMITTED _____ (MM/DD/YYYY) <small>Note: Refer to Construction Rules and Regulations</small>		<input type="checkbox"/>
<input type="checkbox"/>	CHANGE MAILING ADDRESS AND ARRANGE FOR FORWARDING MAIL FORWARDING ADDRESS _____ _____ _____ _____ DATE SUBMITTED _____ (MM/DD/YYYY) <small>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.</small>		<input type="checkbox"/>
<input type="checkbox"/>	RETURN ALL SECURITY ACCESS CARDS DATE SUBMITTED _____ (MM/DD/YYYY)		<input type="checkbox"/>
<input type="checkbox"/>	CANCEL MONTHLY PARKING Contact Advanced Parking to cancel parking stalls at 780•426•8438.		<input type="checkbox"/>
<input type="checkbox"/>	RETURN MAILBOX KEYS DATE SUBMITTED _____ (MM/DD/YYYY)		<input type="checkbox"/>

Please Sign upon completion

COMPANY REPRESENTATIVE

X _____

Date _____
(MM/DD/YYYY)

For office use only

ASPEN PROPERTIES LTD.

X _____

Date _____
(MM/DD/YYYY)