



MOVE – OUT CHECKLIST

COMPLETE	Complete & submit form to Aspen Office	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 RECEIVED Yes No	<input type="checkbox"/>
<input type="checkbox"/>	BOOK FREIGHT ELEVATOR - www.goaspen.ca or 310-GoAP DATE _____ TIME ____ : ____ (MM/DD/YYYY) Note: Tenant moves must occur outside of regular business hours: Monday to Friday, 6:00 pm - 6:00 am, and anytime on weekends. Please also be informed that your moving company will be required to check-in with security upon arrival.		<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) Note: Refer to Construction Rules and Regulations Manual - www.aspenproperties.ca		<input type="checkbox"/>
<input type="checkbox"/>	CHANGE MAILING ADDRESS AND ARRANGE FOR MAIL FORWARDING FORWARDING ADDRESS _____ DATE SUBMITTED _____ _____ (MM/DD/YYYY) _____ _____ 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.		<input type="checkbox"/>
<input type="checkbox"/>	RETURN ALL SECURITY ACCESS CARDS AND KEYS DATE SUBMITTED _____ (MM/DD/YYYY)		<input type="checkbox"/>
<input type="checkbox"/>	CANCEL MONTHLY PARKING Contact Impark to cancel parking stalls at 780•420-1976		<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)