



MOVE – IN CHECKLIST

All documents can be found on www.aspenproperties.ca

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 RECEIVED Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	BOOK FREIGHT ELEVATOR - service.aspenproperties.ca or 780.392.8798 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		<input type="checkbox"/>
<input type="checkbox"/>	COMPLEX MANUALS <input type="checkbox"/> Aspen Tenant Handbook <input type="checkbox"/> Construction Rules & Regulations		<input type="checkbox"/>
<input type="checkbox"/>	COMPLETE ASPEN TENANT CONTACT FORM DATE SUBMITTED _____ (MM/DD/YYYY)		<input type="checkbox"/>
<input type="checkbox"/>	REQUEST DIRECTORY & SUITE SIGNAGE DATE SUBMITTED _____ (MM/DD/YYYY) Note: Please allow a minimum of 5 weeks for signage delivery.		<input type="checkbox"/>
<input type="checkbox"/>	COMPLETE ACCESS CARD REQUEST DATE SUBMITTED _____ (MM/DD/YYYY) Note: Cost per card \$8.70 each + 15% administration fee and GST		<input type="checkbox"/>
<input type="checkbox"/>	CONFIRM SECURITY DEPOSIT & MONTHLY RENT PAYMENT Note: Rent due on the first (1 st) of every month.		<input type="checkbox"/>
<input type="checkbox"/>	ARRANGE PARKING AS REQUIRED Note: Please contact Impark for current programs & rates - 780.420.1976		<input type="checkbox"/>
<input type="checkbox"/>	ARRANGE TENANT INSURANCE AS SET IN YOUR LEASE & FORWARD INSURANCE CERTIFICATE – to apereira@aspenproperties.ca DATE SUBMITTED _____ (MM/DD/YYYY)		<input type="checkbox"/>

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