

**MOVE-IN CHECKLIST
CUSTOMER INFORMATION FORM
(Prior to Move-In)**

COMPANY NAME:	
MOVE-IN COORDINATOR:	
CURRENT ADDRESS:	
CURRENT PHONE #:	
CURRENT FAX #:	
MOVING DATE & TIME:	
MOVING COMPANY:	
MOVING CO. CONTACT:	
MOVING CO. PHONE #:	
APPROX. # OF LOADS:	
# SUITE KEYS NEEDED:	
SPECIAL MOVE-IN REQUIREMENTS:	

Please complete this form and return it, at least 48-hours prior to your move-in, to the Building Management Office via email to: michael.camarena@cushwake.com