

MOVE-IN NOTICE AND CLEARANCE FORM

Unit Owner / Authorized Representative

Tenant / Lessee

Original	Admin Office
Photocopy	Security Guard
Photocopy	Unit Owner/Tenant

Date Prepared: _____

To be requested by the Unit Owner/Tenant at least three (3) days before the actual date of Move-in

Name of Unit Owner/Tenant		Building / Village	Unit No. / Phase, Block & Lot No.
Scheduled Move-in Date	FOR TENANTS/LESSEES		
	Contract Term	Start Date of Lease Contract	End Date of Lease Contract

ITEMS, FURNITURE AND APPLIANCES INCLUDED IN THE MOVE-IN

Item No.	Item Description	Unit	Quantity	Remarks

Please use additional sheets if necessary. Items to be brought in after the move-in date should be covered by a Gate Pass.

By signing this Move-In Notice and Clearance Form, I hereby consent to the collection and processing of my personal data and other individuals identified herein, in accordance with such Privacy Policy as may be adopted by _____ and the Data Privacy Act of 2012. I further agree to be contacted by the representatives of _____ regarding any matter relating to my residence in the condominium as well as on latest developments in _____. I signify my conformity to the foregoing and certify that all information provided above are true and correct.

Requested by:

(FOR LEASED UNITS) Authorized by:

Printed Name and Signature of Unit Owner/Tenant Date

Printed Name and Signature of Unit Owner/Authorized Representative Date

To be filled-out by Property Management		To be filled-out by Accounting Department <i>(Indicate if payments are updated)</i>		
Current Reading	Water	Electricity	Monthly Dues	Unit
				Parking
Reading/Activation of Utility Meters by:	_____ Printed Name and Signature / Date		Water	
			Electricity	
Checking/Activation of Fire and Safety Equipment by:	_____ Printed Name and Signature / Date		Others	
			_____ Printed Name and Signature of Accounting Personnel / Date	

FOR LEASED UNITS	APPROVED BY:	SECURITY MONITORING
Assisted by:		Actual Move-in Date: _____
_____ Printed Name and Signature of AUTHORIZED BROKER / AGENT / REPRESENTATIVE	_____ Printed Name and Signature of BUILDING MANAGER	Time-In: _____
Date: _____	Date: _____	_____ Printed Name and Signature of SECURITY PERSONNEL