

# Tenant Move-in Procedures

Return completed form to Healthcare Realty:  
**FAX** 972.964.4448  
**EMAIL** jgebron@healthcarerealty.com  
**MAIL** 4708 Alliance Boulevard, Suite 630  
Plano, Texas 75093

Tenant name: \_\_\_\_\_ Suite #: \_\_\_\_\_

## The following rules pertain to moving furniture, equipment and supplies in and out of

Building address: \_\_\_\_\_



**ANY MOVERS THAT DO NOT ADHERE TO THE FOLLOWING RULES WILL NOT BE ALLOWED TO ENTER THE PREMISES OR WILL BE REQUIRED TO DISCONTINUE THE MOVE.**

Clean masonite sections will be used as runners on all finished floor areas where heavy furniture or equipment is being moved with wheel or skid-type dollies. All sections of masonite must be taped to prohibit sliding.

The mover must provide and install protective coverings on all walls, door facings, elevator cabs and other areas along the route to be followed during the move. These areas will be inspected for damage after the move.

Only one elevator that management specifies will be used for movement of furniture, equipment and supplies unless prior written approval to use both lobby elevators has been granted by the Real Estate Management Office.

Move-ins of large quantities of furniture, equipment or supplies must be scheduled with the Real Estate Management Office. Move-ins on weekends or holidays will also need to be approved by the Real Estate Management Office.

The moving company will be required to remove all boxes, trash, etc. when leaving the building. Any materials left behind will be disposed of and charges for this disposal will be sent to the moving company. The tenant is responsible to enforce this with their moving company.

The tenant will pay for any damage to the building or fixtures caused by the move. The tenant is required to have the moving company's certificate of insurance on hand during the actual move. Additionally, a copy must be forwarded to the Real Estate Management Office prior to the move. The moving company must carry insurance including, but not limited to the following:



Workman’s compensation in statutory limit for the State of \_\_\_\_\_; bodily injury, personal injury and property damage liability insurance in comprehensive general liability form. An insurance certificate must be furnished to the Real Estate Management Office before moving any items into the building. Please have the following listed as the additional insured:

**ADDITIONAL INSURED**

Building owner’s name: \_\_\_\_\_

Building address: \_\_\_\_\_

Office address: \_\_\_\_\_

The moving company must agree to protect, indemnify and hold the Real Estate Management Office harmless from and against all claims, demands and causes of action of every kind in character arising in favor of the moving company’s employees, Landlord’s employees or other third parties on account of bodily injury, personal injury, death or damage to property in any way resulting from willful or negligent acts of omissions of moving company, its agents, employees, representatives or subcontractors. The moving company shall be responsible for all damages and losses sustained by them to their tools and equipment utilized in the performance of all work thereunder. In the event of damage to the building the moving company representatives and or employees should notify the Real Estate Management Office immediately.

Moving information

**1 MOVING COMPANY/MOVER:** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**2 PROVIDING SERVICE FOR:** \_\_\_\_\_  
 On what date(s): \_\_\_\_\_ Ordered by: \_\_\_\_\_

*By signing below, I acknowledge that I have reviewed these requirements and agree to comply with all of the conditions.*

**TENANT ACKNOWLEDGEMENT**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Electronic signature represented by blue type)

**Name (print)** \_\_\_\_\_

**MOVING COMPANY REPRESENTATIVE**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Electronic signature represented by blue type)

**Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

