



Rose Associates, Inc.

## DAMAGE WAIVER FORM

In lieu of providing London Terrace Gardens/Rose Associates, Inc. with a Certificate of Insurance, this letter is to acknowledge that I accept full responsibility for any damage caused by either myself or any person(s) assisting me in my move. I hereby indemnify and hold harmless London Terrace Gardens, Rose Associates, Inc. for any claims for property damage, personal injury or wrongful death made with respect to any of the work being performed by myself or any person acting on my behalf.

***YOU MUST OBTAIN A FREIGHT PASS FROM THE LONDON TERRACE GARDENS MANAGEMENT OFFICE AT LEAST 24 HOURS IN ADVANCE OF ANY MOVE-INS OR MOVE-OUTS.***

**MOVING HOURS:**

9:00 AM – 4:00 PM, MONDAY-SATURDAY ONLY!

**THERE ARE NO MOVES ALLOWED ON SUNDAYS**

TENANT'S NAME: \_\_\_\_\_

TENANT'S SIGNATURE: \_\_\_\_\_

BUILDING AND APARTMENT NUMBER: \_\_\_\_\_

ITEM(S): \_\_\_\_\_  
\_\_\_\_\_

MOVING IN / DELIVERY

MOVING OUT

DATE OF MOVE: \_\_\_\_\_

CONTACT #: \_\_\_\_\_