

# Corporate Center Pasadena

## TENANT MOVE-IN INFORMATION

Tenant Name: \_\_\_\_\_

Tenant Move-In Coordinator: \_\_\_\_\_

Current Address & Phone #: \_\_\_\_\_

Suite Certificate of Insurance Received: \_\_\_\_\_

Moving Date: \_\_\_\_\_

Moving Time: Start: \_\_\_\_\_ Completion: \_\_\_\_\_

Moving Company & Telephone #: \_\_\_\_\_

Furniture Moving Company & Telephone #: \_\_\_\_\_

Phone Compny#: \_\_\_\_\_ Pacificom Coordination: \_\_\_\_\_

No. of Suite keys needed : \_\_\_ No. of WRR keys: \_\_\_ No of MRR keys: \_\_\_\_\_

Moving Company Contacted for Certificate of Insurance? Yes\_\_\_ No\_\_

Furniture Company Contacted for Certificate of Ins? Yes\_\_ No\_\_

Phone Company Contacted for Certificate of Insurance? Yes\_\_\_ No\_\_

Special Move-In Cleaning Requirements: \_\_\_\_\_

\_\_\_\_\_

Additional Security Requirements: \_\_\_\_\_

\_\_\_\_\_

Emergency Tenant Names and Phone Numbers During Move:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_