

Island Pointe Move-in/Move-Out and/or Delivery REQUEST

Owner Name: _____

Tenant Name (if applicable) _____

Address (at Island Pointe) _____

Telephone: _____

Email address: _____

Select One:

Moving IN

Moving OUT

Furniture/Appliance/Large Item Delivery

Moving or Delivery Company Name: _____

Address: _____

Telephone: _____

Please provide your requested date and time frame. We will respond to your request within two (2) business days to confirm availability of this date/time. If there is a conflict with your requested date/time, the Property Manager will work with you to secure an acceptable date/time.

Requested Date and Time Frame: _____

I have read and will adhere to the Island Pointe Condominium Deliveries, Move-in, Move-Out Policy

Owner/Tenant Signature

Date

Provide five (5) days prior notice whenever possible. We will accommodate requests on a first come, first serve basis.

Please email complete form to IPOffice@fairwaymgmt.com or deliver to the Island Pointe Management Office located in the Clubhouse at 470 Sail Lane, Merritt Island, FL 32953

For Office Use Only:

Board Member or Office Manager

Date