



Lehigh Riverport Condominium Association
 11 West 2nd Street, Bethlehem, PA 18015-1282
 Site Office Phone: (610) 625-2790
 Fax: (610) 871-1700



Commercial Real Estate Services, Worldwide.
 1620 Pond Road – Suite 150
 Allentown, PA 18104-2284
 Phone: (610) 264-0200

UNIT	
# _____	
CIRCLE ONE: MOVING:	
IN	OUT

MOVING REGISTRATION FORM

(Riverport office's confirmation area)

Date of move that the _____ (Date: _____)

Security Guard IS Needed: _____ (Officer _____)

****Appointment Requested:**
 (Circle one) **AM (8:30 A.M. TO 12:30 PM)** **OR** **PM (1 TO 5 PM)**

Contact Name: _____ Cellphone # _____
This information will be shared with the security guard assigned for your move.

****ALL FEES:** Payable to Lehigh Riverport C.A. (two checks or money orders please)

Refundable Security Deposit \$250 _____ and Non-Refundable Fee ~~\$100~~ **\$105** _____

IF YOU EXCEED YOUR 4 HOUR APPOINTMENT TIME, A CHECK OR MONEY ORDER FOR \$25 MUST BE RENDERED TO THE SECURITY PERSONNEL FOR EACH HOUR OR PART OF HOUR.

****MOVE IN:** *Security deposit is returned under the condominium door when move in is successfully complete.*

Has Owner/Tenant provided to office a COPY OF LEASE EXPIRING: _____ ?
(Office Provided: HANDBOOK _____ PARKING PERMIT _____ MOVING PERMIT _____)

****MOVE OUT:** **MAIL** Refundable Security _____
Return of deposit: to forwarding address: _____
 OR - VOID AND SHRED (initial box at left please)

PARKING PERMIT returned? _____



Handbook Acknowledgement Complete & Return to the Management Office
Ten (10) Days Prior To New Occupancy:

DATE: _____ **Condominium #** _____

I have read, understand, and agree to abide by the regulations outlined in the Lehigh Riverport Condominium Association Handbook dated June 24, 2015 on behalf of myself and all residents of the condominium listed above.

PRINT NAME: _____

SIGNATURE: _____