



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

**CHANGE OF RESIDENCY
MOVING OUT FORM**

CONDOMINIUM # _____

MOVING OUT

(see handbook for moving in forms)

DATE REQUESTED: _____ **AM** OR **PM**

TIME: (circle one)

AM (8:30 A.M.-12:30 PM) OR **PM (1 TO 5 PM)**

FORM(S) AND FEES MUST BE DELIVERED* TO THE MANAGEMENT OFFICE FOR CONFIRMATION. IF YOU EXCEED THE 4 HOUR APPOINTMENT TIME, A CHECK OR MONEY ORDER FOR \$25 MUST BE RENDERED TO THE CONDO REP OVERSEEING THE MOVE FOR EACH HOUR OR PART OF HOUR IN EXCESS OF YOUR SCHEDULED APPOINTMENT TIME.

This information will be shared with the condo representative overseer who is assigned for your move.

Contact Name: _____ **Cellphone #** _____

FEES: Two (2) checks or money orders Payable to Lehigh Riverport C.A. (no cash or credit card)

Refundable Security Deposit \$250 _____ **AND Non-Refundable Fee \$200** _____ **>10 day delivered***

OR **\$300** _____ **<10 day delivered***

MOVE OUT:

Return of deposit:

☐

MAIL Refundable Security

to forwarding address: _____

OR

☐

VOID AND SHRED (initial box at left please)

PARKING PERMIT(s) returned to Manager's office on moving day? **YES / NO** If not, when? _____

Office Use: Moving Permit _____ Parking received _____ Intercom _____ BPA _____



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