



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

**CHANGE OF RESIDENCY
MOVING REGISTRATION
FORM**

CONDOMINIUM # _____
MOVING: (circle one) IN OUT
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 YOUR 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 Rep 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 ~~\$100~~ **\$105** >10 day delivered*
OR \$200 _____ <10 day delivered*

****MOVE IN:** Security check or m/o is returned under the door of unit when move in is successfully complete.

Owner/Tenant Provided 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(s) returned to Manager's office on moving day? _____ If not, when? _____



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