**Hopkinson House**

**Attention: Resident Services Desk**

**604 South Washington Square - Philadelphia, PA 19106**

**Tel #: 215-923-1776 · Fax: 215-829-1510**

**MOVE-IN / MOVE-OUT (Effective August 1, 2014) NON-REFUNDABLE SERVICE FEE: $275.00**

**Make Check Payable to: Hopkinson House Owners’ Association and mail or drop-off at the address above**

**UNIT #­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ TELEPHONE NUMBER: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**RESIDENT NAME: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­**

**Please MOVE-IN DAY: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ DATE: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­**

**Circle MOVE-OUT DAY: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ DATE: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ ­**

**One AMOUNT PAID: $­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ CHECK #:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­**

**Confirmation in Red Book Made By: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­ ­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­**

**2014 one Move-In/Out Procedures**

**Hopkinson House Owners' Association**

**Move-In Fee: A $275.00 non-refundable fee shall be pre-paid by all new residents prior to the Move-In reservation date requested.**

**Move-Out Fee: A $275.00 non-refundable fee shall be paid by residents prior to the Move-Out reservation date requested.**

**Hours: Moving may only be done Monday through Saturday, between the hours of 10:00 a.m. and 4:00 p.m. No moves are permitted on Sundays or holidays.**

**ONLY ONE MOVE PER DAY IS PERMITTED. NO EXCEPTIONS.**

**Reservations: Reservations must be made at the Resident Services Desk to reserve the freight elevator.**

**1. To confirm, fee must be paid.**

**2. Name of moving company must be provided.**

**3. Certificate of Insurance for Moving Company is Required**

**Point of Information: No truck exceeding 12 feet in height will be able to enter the garage.**

**Dimensions of the service elevator: Width: 5'9", Height: 8'4", Depth: 5'SERVICE ELEVATOR IS MANNED BY HOPKINSON HOUSE EMPLOYEE**

**HOPKINSON HOUSE OWNERS’ ASSOCIATION**

**2021 CENSUS FORM**

**NAME(S) OF OWNER(S):** \_\_\_ UNIT#:

MAILING ADDRESS: \_\_\_\_\_\_

(If off-site alternative address)

OWNER HOME #: WORK#: CELL#:

E-MAIL: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THE UNIT **OWNER-OCCUPIED** OR **RENTAL**? CIRCLE ONE

**ALL RESIDENTS:**

**LIST THE NAMES OF ALL PERSONS (AND THE AGES OF ANY CHILDREN) RESIDING IN THE UNIT. *PLEASE PROVIDE EMAIL ADDRESS OF TENANTS IF APPLICABLE SO TENANTS MAY ALSO RECEIVE IMPORTANT BUILDING INFORMATION:***

OCCUPANT NAME: EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPANT NAME: EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPANT NAME: AGE**: \_\_\_\_\_\_\_\_**

OCCUPANT NAME: AGE**: \_\_\_\_\_\_\_\_**

**PET INFORMATION (Pets must be registered with the Management Office):**

 TYPE OF PET BREED COLOR NAME

DO YOU OR ANYONE IN YOUR HOME HAVE SPECIAL NEEDS IN THE EVENT OF AN EMERGENCY? \_\_\_\_\_\_\_\_ PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This information is confidential and for internal HOPKINSON HOUSE use only.***