

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: \_\_\_\_\_

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

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.*