

# Corporate Center Pasadena

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## TENANT MOVE-IN INFORMATION

Tenant Name

Tenant Move-In Coordinator

Current Address  City/State

Phone #  Suite Certificate of Insurance Received: Yes  No

Moving Date  Moving Time: Start:  Finish

Moving Company  Phone #

PacifiCom Coordination: Yes  No

Number of Suite Keys  Number of WRR keys  Number of MRR keys

Moving Company Contacted for Certificate of Insurance? Yes  No

Furniture Company Contacted for Certificate of Insurance? Yes  No

Phone Company Contacted for Certificate of Insurance? Yes  No

Special Move-In Cleaning Requirements: \_\_\_\_\_

\_\_\_\_\_

Additional Security Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY TENANT NAMES AND PHONE NUMBERS DURING MOVE:

Name  Cell #

Name  Cell #