

Renter Profile / Move-in Form

Please fax to (206) 443-1672 or email to concierge@ellingtonconcierge.net

MOVE IN DATE:				
REGISTRATION	FEE:	Check #	Dated	Amt. \$
*** REGISTRATION FEE DUE PRIOR TO MOVE IN ****				
Unit Address/No:				
Unit Owner Name(s):				
Lease Term:	ſ	rom	to	
*** A COPY OF THE LEASE IS REQUIRED PRIOR TO MOVING IN ***				
Rental Agent:				
Name and Telephone:				
Is Renter a Fan	nily Member:	☐ Yes ☐ No	If yes, Relationship	:
Renter Name(s):				
Renter Home Telephone:				
Renter Work Telephone:				
Renter Cellular:				
Email Address:				
Emergency Contact: Name/Tel/Relationship				
Vehicle(s):				
Yr/Make/Lic/Color Pet(s):				
Bicycle(s): Make/Model/Color/Serial #				
Please list key access numbers below or contact the concierge for an audit of all access keys.				
FOB 1:	FOB 2:	Prox CARD 1:	Garage Remote 1:	Garage Remote 2:
NOTES:				
NOTES.				
For Ellington Use Only. Concierge on Duty: Yes No Move procedures explained to Residents? Sentex number activated by Information recorded on Elevator Reservation Calendar Information revised in MS Outlook - contact list. Form Faxed to MO 206-448-7070 Form Faxed to SUHRCO 425-462-1943 Ready to File in Unit File				