

**One Cleveland Center
1375 East 9th Street
Cleveland, Ohio 44114
(216) 781-8980 Phone
(216) 781-2823 Fax**

Today's Date: _____

FREIGHT ELEVATOR REQUEST

Name of Client/Tenant: _____

Scheduled Date for Freight Request: _____

Scheduled Time for Freight Request: _____ AM/PM To: _____ AM/ PM

Floor for Delivery/Pickup: _____

Delivery/Moving Vendor: _____

Was Insurance Certificate of Vendor received by Management? Yes or No (Circle one)

Name of Authorized Person making request: _____

Name of Company Authorized Person making request: _____

Telephone Number of Authorized Person Making Request: _____

Pager Number of Person Making Request: _____

Comments or Special Instructions: _____

(For Management use only)

Approved by: _____ Date: _____

Comments: _____

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