Move Packet

Schedule your move-in / move-out

At least 5 days prior to your scheduled move, you will need to contact Seabreeze Management Company to confirm availability for the date you would like to move in.

Current contact information is:

Community Manager, Sara Schwartz
858-769-1453 or sara.schwartz@seabreezemgmt.com

Assistant Manager, Darlene Avilez
858-206-8043 Darlene.Avilez@seabreezemgmt.com

Moving in/out Hours

Move-in/out hours are **Monday through Saturday from 8:00 AM to 4:30 PM**. No move-ins or move-outs in the evenings, Sundays or holidays.

Moving in/out Rules

Trellis Fifth Avenue requires **JLS Moving Solutions to be present for supervision of all moves**. There is a $225.00 non-refundable fee and payable to the moving coordinator the day of the move. They accept cash, money orders, or credit/debit card payments (no checks). Please note an additional fee may apply if scheduling the move without 48 hours advance notice. Last minute requests will be at the discretion of management.

Residents must submit a **refundable three-hundred-dollar ($300) security deposit**. Make your check payable to "Trellis Fifth Avenue Owners Association."

To ensure full return of your deposit, each resident will be accompanied by the move coordinator on a "pre" and "post" move inspection of the area to be traveled during the move.

Prior to any move, residents shall provide management with **a certificate of insurance for worker's compensation and liability insurance with minimum limits of $1,000,000** for the moving company, naming Trellis Fifth Avenue Owners Association and Seabreeze Management Company as additional insureds.

Residents who wish to move in without using a professional moving company may do so providing they meet all the requirements of moving companies.

In the event that you find it necessary to move or have any items delivered that require two or more persons to transport, all move in/out guidelines are required.

All floor areas are to be protected along the entire moving path with carpet runners, or similar protection, from the building entry to the unit. Protective coverings must be removed and the floor cleaned by the end of your scheduled move-in/out time.

The resident and moving company **must ensure the elevator is padded** at all times during the move.

The resident or moving company must carry all trash and debris off-site on a daily basis. **The building's trash dumpsters may not be used for disposing of debris or boxes**. Residents may arrange for an extra trash bin to support their move at the resident's expense. Please contact the property management for further details.

Moving Checklist

Before submitting your move request, please confirm the following is in order and provided:

Move In / Move Out request form

Refundable deposit check for $300

Declaration of Insurance for the moving company

Completed Resident Information Form (if moving in)

Copy of the lease (if applicable)

MOVE IN/MOVE OUT REQUEST FORM

NAME: _____

UNIT NUMBER: EMAIL:

DAY/MOBILE PHONE:

PURPOSE OF REQUEST: ( ) MOVE-IN OR ( ) MOVE-OUT

PROPOSED MOVE DATE: _____TIME OF MOVE:

FORWARDING ADDRESS FOR RETURN OF MOVE DEPOSIT:

_____

ARE YOU USING CONTRACTED HELP FOR YOUR MOVE? ( ) YES ( ) NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME OF SERVICE: _____

ADDRESS: _____

_____

PHONE: _____

EMAIL: _____

I have read the Move-In/Move-Out Guidelines for Trellis Fifth Avenue and I understand and agree that if damage occurs as a result of any move to or from my unit, I will accept total responsibility for the cost of any damage, repair, cleaning, losses or other liabilities. I further understand and agree that if my Move-In/Move-Out requires more than the allotted time I have reserved, additional charges will apply.

_____ _____

OWNER SIGNATURE DATE

_____ _____

RESIDENT / TENANT SIGNATURE DATE

RETURN THIS COMPLETED FORM WITH CHECK TO:
Trellis Fifth Ave C/O Seabreeze Management Company, 9350 Waxie Way Suite 560, San Diego, CA 92123

OWNER/RESIDENT INFORMATION FORM

DATE SUBMITTED

PROPERTY ADDRESS: 530 K STREET UNIT NO.

OWNER(S) TENANT(S)

2nd OWNERS NAME: 2nd TENANTS NAME:

OWNERS OFFSITE ADDRESS:

CITY: STATE: ZIP:

OWNERS TENANTS:

TELEPHONE: ( ) HOME TELEPHONE: ( ) HOME

( ) WORK TELEPHONE: ( ) WORK

( ) CELL TELEPHONE: ( ) CELL

E-MAIL: E-MAIL:

ADDITIONAL RESIDENTS :

VEHICLE IDENTIFICATION:

(If not owner or tenant, attach proof of registration)

Parking Space Number(s) – 1st 2nd

PERMANENT GUESTS:

Please list those people who are to be granted access to your floor without a prior call to your home (i.e. family, domestic help, gardener, pool service, etc.)

1.

2.

3.

Pets: Yes No Type: Dog / Breed Cat / Breed

Type: Dog / Breed Cat /

IF YOU WOULD LIKE TO BE ADDED TO THE CALL BOX/DIRECTORY:

Name: Number:

Please return this form to Seabreeze Management, 9350 Waxie Way, 560 San Diego, CA 92123 o r e-mail Darlene.Avilez@seabreezemgmt.com.