



601 SURF AVENUE, BROOKLYN, NY 11224
PHONE 718-266-2175 FAX 718-266-2542
EMAIL: INFO@BWTCONDOS.COM

ELEVATOR RESERVATION FORM

USE OF ELEVATORS FOR BELOW PURPOSES IS ALLOWED BETWEEN THE HOURS OF
9AM-4PM MONDAY-FRIDAY. FAILURE TO ADHERE TO THIS RULE WILL RESULT IN A FINE.
MOVES/DELIVERIES ARE NOT PERMITTED ON STATUTORY HOLIDAYS OR OBSERVED CIVIC AND MUNICIPAL HOLIDAYS (NO EXCEPTIONS)

Name of Resident
Phone Number Building Apartment
Elevator Request Date Time (choose one) 9am-12pm 1pm-4pm
PURPOSE: Move-In Move-Out Delivery Debris/Furniture Removal
List of Items

By signing below, I fully agree and consent to the following:

- 1. BWT will ensure the elevator is padded before use. I agree that it is my responsibility to ensure the protective padding is not removed or stolen for the duration of the elevator usage.
2. I will adhere to the reserved time allocated for the purpose listed on this application.
3. I agree to instruct my carrier(s)/contractor(s) to do the following:
-Keep noise to a minimum.
-DO NOT block any entrances, hallways, or the lobby.
-DO NOT leave any equipment, chattels, or boxes unattended on the common elements.
-DO NOT use the front entrance at any time to receive deliveries or move chattels. All deliveries shall be to the side door.
-DO NOT prop the side door open with any item or leave it open and unattended at any time as it poses a security risk to other residents. The side door is always to remain secure, you or someone of your choosing shall be present at the open door.
-DO NOT park in any other resident's spot to facilitate delivery.
-Fully adhere to Covid-19 guidelines posted by CDC.
4. I agree to employ professionally licensed and bonded movers to conduct my move. Moves in or out may be made only by appointment, approved by the Management Office.
5. Moving/Delivery companies must provide a Certificate of Insurance. In the liability coverage BWT must be added as a certificate holder with the following language: Brightwater Towers Condominium c/o Coney Management 601 Surf Avenue, Brooklyn NY 11224
Email the Certificate of Insurance to info@bwtcondos.com prior to your move/delivery to ensure access to the building.
6. I am fully responsible for any/all damages to the BWT Common Elements which resulted out of the purpose listed on this application. I authorize all violations/fines, repair/replacement costs if any received during the purpose listed on this application, to be posted/applied on my account.
7. I will ensure that Security will be notified prior to the actual use of common elements for the purpose listed on this application and will adhere to their instructions. I agree that this form must be signed by the Security on the day the elevator is used to avoid fines.
8. BWT and/or its agents will not be held liable for any cost pertaining to the delay if any. In our receiving the elevator as booked above.

UNIT OWNER PRINT NAME UNIT OWNER SIGNATURE DATE

FOR OFFICE USE ONLY

ELEVATOR INSPECTION (filled out by Security Officer and/or Managing Agent)
Elevator Protective Padding
Elevator/Hallways Condition Before Usage
Elevator/Hallways Condition After Usage
Inspected by (SIGNATURE OF SECURITY OFFICER)