

HARBOUR MANSION CONDOMINIUM ASSOCIATION

675 Ocean Avenue
West End, NJ 07740
732 229-7900

DELIVERY POLICY

1. An owner/tenant of a unit must schedule deliveries with the management company at least three days in advance of the delivery. Deliveries must be done Monday thru Friday between the hours of 9:00 a.m. and 4:00 p.m. The unit owner must supply a Certificate of Insurance for the delivery company. The certificate holder is Harbour Mansion The certificate must name Harbour Mansion as an additional insured. Condominium Association and must be delivered to the managing agent prior to the delivery.
2. Deliveries must be done using the padded elevator. The other elevator must be left available for use by the other unit owners.
3. The unit owner/tenant must pay a deposit of \$100.00 for the delivery with the Association prior to the day of the delivery. The \$100.00 deposit will be returned after inspection of the common and limited common areas for any damage caused during the delivery. The delivery fees are to be payable to the Harbour Mansion Condominium Association and shall be delivered to the Association's managing agent.
4. Any damages caused during a delivery will be charged to the unit owner. Therefore, the owner should inspect the delivery route prior to the delivery, note any prior damages of the common elements and limited common elements, and notify the management company in writing of any prior damages of the common elements and limited common elements. Any claim for damages by the Unit Owner towards the Delivery Company will be the Unit Owners responsibility
5. Damages caused by a tenant will be charged to the unit owner's account.
6. Unit owners must remove all debris created by the move.
7. During a delivery, boxes, furniture and other items may not be lined-up in the common hallways. Items are not allowed to be placed against any wall surface or block any doors.
8. Security Guards and Staff will direct delivery personel on where to park, sign in etc. Anyone who does not adhere to the rules while on site will be asked to leave immediately.

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DELIVERY FORM

DATE_____

UNIT #_____

UNIT OWNER NAME_____

TENANT NAME IF APPLICABLE_____

DELIVERY DATE_____

NAME OF DELIVERY COMPANY_____

INSURANCE CERTIFICATE RECEIVED_____

DEPOSIT RECEIVED_____

NOTES

SIGNATURE_____

DEPOSIT RETURNED_____