

MOVING IN / OUT POLICY FOR THE WATERTOWER

(This does not apply to moving furniture or goods in or out of street level apartments using street door access.)

Instructions for owners, residents, and authorized contractors & removalists for moving furniture or goods (large items) in and out of the Watertower:

ACCESS / ENTRY PROCEDURES

1. Agents, owners and tenants **MUST INFORM THE OWNERS CORPORATION** of the intended move and request (i) a **LIFT KEY** for removalist use and (ii) the **LIFT PROTECTIVE COVERS** be put in place. Call **02 9698 4900** or email secretary@thewatertower.com.au.
2. Notification **SIGNS ARE TO BE DISPLAYED** on each floor next to the lift call button at least 24 hours before the moving time. *(This will ensure everyone has enough notice of the planned disruption to the lift service.)* **Print these from this document/website.**
3. Agents, owners and tenants are responsible to provide **ON-SITE SUPERVISION** of their contractors and removalists *(This is not the responsibility of the Owners Corporation nor its Strata Committee.)*
4. Owners and tenants are **LIABLE FOR ANY DAMAGE CAUSED TO COMMON PROPERTY** by themselves or by their contractors.
5. Removalist trucks and vans are **TO BE PARKED OUTSIDE OF THE BUILDING** in Cornwallis Street close to the roller door entry. *(The Watertower does not have on-site visitor nor contractor parking facilities.)*
6. Furniture is **NOT TO BE MOVED THROUGH THE FOYER AREA** using the front glass door entrance or the Marian Street car park entrance.
7. Furniture is **TO BE MOVED THROUGH THE BASEMENT** using the **CORNWALLIS STREET ROLLER DOOR** and by using the **LIFT** or the **FIRE STAIRS** (preferably via the Southern stairs) from or to the basement level.
8. Use a building security key or a remote control device to activate the opening of the basement car park roller door to Cornwallis Street. The roller door may be held up in the open position by placing a card or object across the electronic beam / magic eye to disable the automatic closing mechanism.
9. To ensure the building's security is not compromised, the **ROLLER DOOR IS NOT BE LEFT OPEN UNATTENDED.** *(The resident owner or tenant arranging the move is responsible for ensuring that someone is in attendance at all times while the roller door is raised open.)*
10. **A LIFT KEY IS TO BE USED** to disable the lift doors while loading or unloading items of furniture. *(If the key is not used then the doors will automatically attempt to close and this may result in either damage to the lift doors mechanism or the items being moved.)*
11. The lift may only be disabled during short periods of loading or unloading; at other times the **LIFT IS TO REMAIN FREELY AVAILABLE** for use by the other residents.
12. The **LIFT KEY MUST BE RETURNED** to the Owners Corporation mail box or directly to an authorized committee representative.

For additional information or to resolve issues please refer to:

By-Law 11: Moving furniture and other objects on or through common property, published on the Watertower website.

NOTICE OF LIFT USAGE

FOR MEDICAL EMERGENCY CALL 000

APARTMENT NO: _____ NAME OF RESIDENT: _____

MOBILE: _____

The lift will be in use on: (day?) _____ (date?) _____

MOVING (in/out?): _____ furniture between the hours: (from?) _____ (to?) _____

The above resident will be using a KEY LOCK to DISABLE the lift doors from shutting ONLY during times of loading and unloading the lift (**NOT EXCLUSIVE USE**).

If these arrangements will be in conflict with other proposed usage please contact a member of the Strata Committee on **9698 4900**. If the lift is **needed urgently** during the removal period please contact the **resident on the above mobile number**.

Attach BASEMENT

Thank you

NOTICE OF LIFT USAGE

FOR MEDICAL EMERGENCY CALL 000

APARTMENT NO: _____ NAME OF RESIDENT: _____

MOBILE: _____

The lift will be in use on: (day?) _____ (date?) _____

MOVING (in/out?): _____ furniture between the hours: (from?) _____ (to?) _____

The above resident will be using a KEY LOCK to DISABLE the lift doors from shutting ONLY during times of loading and unloading the lift (**NOT EXCLUSIVE USE**).

If these arrangements will be in conflict with other proposed usage please contact a member of the Strata Committee on **9698 4900**. If the lift is **needed urgently** during the removal period please contact the **resident on the above mobile number**.

Attach GROUND

Thank you

NOTICE OF LIFT USAGE

FOR MEDICAL EMERGENCY CALL 000

APARTMENT NO: _____ NAME OF RESIDENT: _____

MOBILE: _____

The lift will be in use on: (day?) _____ (date?) _____

MOVING (in/out?): _____ furniture between the hours: (from?) _____ (to?) _____

The above resident will be using a KEY LOCK to DISABLE the lift doors from shutting ONLY during times of loading and unloading the lift (**NOT EXCLUSIVE USE**).

If these arrangements will be in conflict with other proposed usage please contact a member of the Strata Committee on **9698 4900**. If the lift is **needed urgently** during the removal period please contact the **resident on the above mobile number**.

Attach 1st FLOOR

Thank you

NOTICE OF LIFT USAGE

FOR MEDICAL EMERGENCY CALL 000

APARTMENT NO: _____ NAME OF RESIDENT: _____

MOBILE: _____

The lift will be in use on: (day?) _____ (date?) _____

MOVING (in/out?): _____ furniture between the hours: (from?) _____ (to?) _____

The above resident will be using a KEY LOCK to DISABLE the lift doors from shutting ONLY during times of loading and unloading the lift (**NOT EXCLUSIVE USE**).

If these arrangements will be in conflict with other proposed usage please contact a member of the Strata Committee on **9698 4900**. If the lift is **needed urgently** during the removal period please contact the **resident on the above mobile number**.

Attach 2nd FLOOR

Thank you

NOTICE OF LIFT USAGE

FOR MEDICAL EMERGENCY CALL 000

APARTMENT NO: _____ NAME OF RESIDENT: _____

MOBILE: _____

The lift will be in use on: (day?) _____ (date?) _____

MOVING (in/out?): _____ furniture between the hours: (from?) _____ (to?) _____

The above resident will be using a KEY LOCK to DISABLE the lift doors from shutting ONLY during times of loading and unloading the lift (**NOT EXCLUSIVE USE**).

If these arrangements will be in conflict with other proposed usage please contact a member of the Strata Committee on **9698 4900**. If the lift is **needed urgently** during the removal period please contact the **resident on the above mobile number**.

Attach 3rd FLOOR

Thank you

NOTICE OF LIFT USAGE

FOR MEDICAL EMERGENCY CALL 000

APARTMENT NO: _____ NAME OF RESIDENT: _____

MOBILE: _____

The lift will be in use on: (day?) _____ (date?) _____

MOVING (in/out?): _____ furniture between the hours: (from?) _____ (to?) _____

The above resident will be using a KEY LOCK to DISABLE the lift doors from shutting ONLY during times of loading and unloading the lift (**NOT EXCLUSIVE USE**).

If these arrangements will be in conflict with other proposed usage please contact a member of the Strata Committee on **9698 4900**. If the lift is **needed urgently** during the removal period please contact the **resident on the above mobile number**.

Attach 4th FLOOR

Thank you