THE BURBANK STUDIOS
Offices Sound Stages Production

Moving Form

Date: _____

Tenant: _____ **Production Name:** _____

Contact Person: _____ **Phone:** _____

Please be advised that all moving is to be scheduled outside of operation hours (Monday through Friday, 6:00 pm to 8:00 am, or any time during the weekend).

Move Date: _____ **Move Time Frame:** _____

Move Location - Building: _____ **Floor:** _____ **Area:** _____

Elevator Location: _____

Day(s) / Time Frame Elevators Will Be Impacted: _____

Items being moved: _____

Vendor #1 Name: _____ **Vendor #1 Phone:** _____

Vendor #2 Name: _____ **Vendor #2 Phone:** _____

Vendor #3 Name: _____ **Vendor #3 Phone:** _____

Vendor #4 Name: _____ **Vendor #4 Phone:** _____

Parking Needs: ☐ **Number of Oversized Truck(s):** _____ ☐ **Number of Standard Vehicle(s):** _____

Loading Dock Needs: _____

Management Approval:	**Security / Parking Approval:**

Please submit completed form through the ETH portal, and forward Landlord's COI requirements to vendor(s). Vendor COI must be received prior to actual move date.