



CITYLAND PASONG TAMO, INC.

Penthouse, CPT Condominium Bldg.,
6264 Calle Estacion, Pio Del Pilar, Makati City, Philippines
Tel. No.: 888-6412 / Fax No.: 843-2704

AUTHORITY TO MOVE-OUT

UNIT NO.: _____

MOVE OUT DATE: _____

MOVE OUT TIME: _____

This is to authorize **Mr./Ms./Mrs** _____ to move out from **UNIT NO.:** _____ of Cityland Pasong Tamo Condominium on _____ at _____.

This is to certify also that I have given clearance for the removal of the following item listed below:

Item No.	Qty	Unit	Description	Item No.	Qty	Unit	Description

All association dues, water bills and other charges have been paid and all utility bills due has been settled. Any outstanding bills I have not yet received shall be charged to my account when due.

I hereby commit that I or my representatives shall be present to monitor his activity and may authorize removal of items that may not have been included in the above list. I shall not hold CPTI liable or responsible for any items so authorized to be removed from the building.

Tenant Signature over Printed Name

Date: _____ Tel. No.: _____

Unit Owner Signature/Over Printed Name

Date: _____ Tel No.: _____

Water Meter		
Date Conducted		
Reading (Present – Previous)		
Amount		
Conducted by:	Witnessed by:	
_____	_____	
(Signature over printed name)	(Signature over printed name)	
Evaluated by:	Payment Received by:	Approved by:
_____	_____	_____
Billing	Cashier	Building Administrator
(Signature over printed name)	(Signature over printed name)	(Signature over printed name)

Move – Out Attended by:

Security-In-Charge
(Signature over printed name)

NOTE: PRESENT ORIGINAL COPY OF THIS FORM FOR REFUND, NO ORIGINAL COPY NO REFUND