

**PARK SQUARE BUILDING
31 ST. JAMES AVENUE**

NOTIFICATION OF MOVE

TENANT NAME _____

DATE OF MOVE _____

**DESCRIPTION
OF PROPERTY** _____

**NAME OF MOVER
CONTACT
ADDRESS
CITY, STATE
TELEPHONE** _____

DELIVERY _____ **REMOVAL** _____

**AUTHORIZED
SIGNATURE** _____
BY:

PLEASE SUBMIT COMPLETED FORM TO:

Capital Properties Mgt., Inc.
31 St. James Avenue
Boston, MA 02116
Email: parksq@capprop.com
FAX: 617-542-2552

To Be Completed by Property Management Office

Date This Form Received _____

Security Hours to be Charged _____