

**Cheriton Grove Apartments
20 Cheriton Road
West Roxbury, MA 02132**

Movement Request Form

Date: _____ Tenant Name: _____

Current Apartment #: _____ Is it a: ___Studio or ___One-Bedroom

Please indicate the specific nature of your request (where do you want to move to): _____

Please indicate why you are requesting to move: _____

Tenant Signature: _____

By signing this form I am indicating that I have read and understand the Tenant Movement Policy and will comply with all the conditions stated within.

For Property Management Company Use Only

Date of Form Receipt: _____ Time of Form Receipt: _____

___Approved ___Disapproved If Disapproved, please explain: _____

Property / Site Manager: _____ Date: _____

If Approved, please log and/or file in order of date and time. Information on this form is considered confidential and will not be given to any unauthorized individual.

If Approved, please notify the tenant of where they stand regarding the number of tenants that will move before them.

If Approved, please indicate results:

___ Tenant moved on _____ to apartment # _____

___ Tenant choose not to move on _____ to apartment # _____

Property / Site Manager: _____ Date: _____