

1700 Geddes Ave., A7

Ann Arbor, MI 48104

734-741-3900

leasing@cmbmgmt.com

FURNITURE REQUEST FORM

artment Building and unit:	M	ove in Date:	Number of residents:
	Please describe th	ne room beneath the	number
Bedroom 1:			
Bedroom 2:			
Bedroom 3:			
Bedroom 4:			
Bedroom 5:			
	o requesting by inputting	the number correspondi	ag to the furniture item you would like in the boy p
ease indicate the type of furniture you a		nbers on the lease in ord	ng to the furniture item you would like in the box n er to submit <u>ONE</u> fully filled out form per apartmer
ease indicate the type of furniture you a	e coordinate with all men 1. Tw 2. Ful 3. Co 4. Co	nbers on the lease in ord Key: in Bed	•
ease indicate the type of furniture you at the bedroom you would like it in. Pleas	1. Tw 2. Ful 3. Co 4. Co 5. Clo	nbers on the lease in ord Key: in Bed Il Bed mputer desk mputer Chair othing storage	•

Living Room seating (\$50), Coffee/End Tables (\$25).