

## PROPERTY REMOVAL FORM

### Information on Individual removing item(s)

_____	_____	_____
Company Name	Business License #	State
_____	_____	_____
Tenant Name	Suite #	Phone #

*This property removal form must be pre-approved by a management representative of the company from which the property listed below is being removed. The individual name above must show current photo I.D.*

### Information on item(s) being removed

Removed from: \_\_\_\_\_ Dept. / Suite: \_\_\_\_\_  
Removal date: \_\_\_\_\_ Removal Time: \_\_\_\_\_

Item(s) being removed owned by:  
***(Please check one of the following)***  
 Occupant Company  Contractor / Vendor  Individual

<b>Quantity</b>	<b>Description of Item(s) being removed</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

*As a management representative, I do hereby authorize the person named above to remove the item(s) listed above from our company suite / space.*

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Officer: \_\_\_\_\_  
Date & Day: \_\_\_\_\_