

Removal Pass

Information on Individual Removing Item(s)

Name: _____ Employee ID No.: _____

Representing: _____ Telephone: _____

This property removal form must be preapproved by a management representative of the company from which the property listed below is being removed. The individual named above must show current photo ID.

Information of Item(s) Being Removed

Removed from: _____ Dept./Suite No: _____

Removal Date/Day: ___/___/___ Removal time: _____

Item(s) being removed owned by: [] Tenant Company [] Contractor/Vendor [] Individual

Quantity	Description of item(s) being removed	Serial Number

As a Management Representative, I do hereby authorize the person named above to remove the item(s) listed above from our company suite/space. Please call me if you have any questions.

Name _____ Telephone _____

Company _____ Title _____

Security Officer _____ Day/Date _____

Shift Hours _____ to _____ Post _____