

Brookfield

200 Liberty Street

Property Removal Pass

TENANT: _____

FLOOR: _____ **DATE:** _____ **TIME:** _____

Person Removing Item: _____

Item(s) Being Removed: _____

Comments: _____

AUTHORIZED BY: _____

(Please Print Name)

SIGNATURE: _____

(Must be Authorized Contact)

To Be Completed by Security Personnel

Authorization Received and Verified by: _____

Date of Removal: _____

Time of Removal: _____