

150 KING STREET WEST  
PROPERTY REMOVAL FORM

To: The Receiver or Security Officer

Date: \_\_\_\_\_  
Year/Month/Day

\_\_\_\_\_  
Building

From: \_\_\_\_\_  
Tenant

\_\_\_\_\_  
Location from which item is taken

To remove from our premises, the following items:

- 1. \_\_\_\_\_ Serial No: \_\_\_\_\_
- 2. \_\_\_\_\_ Serial No: \_\_\_\_\_
- 3. \_\_\_\_\_ Serial No: \_\_\_\_\_
- 4. \_\_\_\_\_ Serial No: \_\_\_\_\_
- 5. \_\_\_\_\_ Serial No: \_\_\_\_\_
- 6. \_\_\_\_\_ Serial No: \_\_\_\_\_
- 7. \_\_\_\_\_ Serial No: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Removing Item

\_\_\_\_\_  
Authorized by (Clearly Print Name)

\_\_\_\_\_  
Signature of Receiver/Security Officer

\_\_\_\_\_  
Authorized Signature

Date: \_\_\_\_\_

Time: \_\_\_\_\_