

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: _____

