Brookfield

FIRST CANADIAN PLACE
PROPERTY REMOVAL FORM

BUILDING : 100 King Street West **DATE OF REQUEST:** _____

TENANT NAME : _____ **SUITE NO. :** _____
(Please Print)

AUTHORIZED BY : _____
(Please Print)

This is to authorize (Mr./Ms.) _____ to remove the following equipment(s)/property from our premises at 100 King Street West, Toronto, Ontario as detailed below:

Description	Removal	
	Date	Time

Special Instructions:

_____

_____

_____

_____
Signature of person removing items

_____
Authorized by (signature)

_____
Signature of Receiver/Sercurity Guard