Brookfield
Properties

BAY ADELAIDE CENTRE
PROPERTY REMOVAL FORM

Building: _____ **Tenant Name:** _____

Authorized By: _____ **Suite Number:** _____

Signature: _____ **Date:** _____

This is to authorize (Mr./Ms.) _____ to remove the following equipment(s)/property from our premises at Bay Adelaide Centre, as detailed below:

DESCRIPTION	DATE	TIME

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