

20 SOUTH CLARK

PROPERTY REMOVAL PASS

Removed By (please print name): _____
(Employee / Contractor)

Tenant: _____ Suite #: _____

Date of Removal: _____

Item(s) being removed:

1. _____

2. _____

3. _____

4. _____

5. _____

Please DO NOT copy signatures. Only original signatures will be accepted.

Authorized By (Signature)

Receiving Officer's Signature

Title

Receiving Officer's Name (please print)

Printed Name

Date

Contact Number