20 VIC Office

PROPERTY REMOVAL FORM

BUILDING : _____

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

AUTHORIZED BY : _____
Tenant's Signature

This is to authorize (Mr./Ms.) _____ to remove the following equipment(s)/property from our premises at [address or property], [City], [Province] as detailed below:

Description	Removal	
	Date	Time