

Brookfield Properties

Brookfield Place – 200 Vesey St.
Property Removal Pass

Name: _____

Date: _____

Tenant: _____

Please Check One:

- Personal
- Company
- Vendor

Description of Property (Include make/serial # for electronics) :

Remover Signature: _____ Floor: ____ Phone Number: _____

Supervisor's Name: _____ Signature: _____
Phone Number: _____

For Security Use Only:

S/O's Name (print) _____ Signature: _____

Post: _____

Date: _____

Time: _____