

**THE MONARCH CENTRE
PROPERTY REMOVAL FORM**

DATE	TIME	OFFICER	BUILDING
NAME		COMPANY	
TITLE		SUITE #	

The individual listed, at the date and time indicated above has removed the following item(s) from Monarch Centre:

ITEM	SERIAL NUMBER	MODEL NUMBER

I claim the above information is accurate and that the proper permission has been obtained to remove the item(s) listed above.

Authorized Tenant Official
Date
Type of Identification

I claim that the item(s) I am removing from this building are Property of the Vendor performing work in Monarch Centre.

Name of Vendor
Date
Signature of Vendor Rep.

(SECURITY OFFICER SIGNATURE)