



Property Removal Pass
30 N. LaSalle

Tenant: _____

Suite Number: **Suite 200** _____

Please allow the following company/person to remove the item(s) listed below from the building.

Individual: _____

Company: _____

Date: _____

Authorized By:

(Please print name)

(Signature)

Contact Phone #: _____ Date: _____

Items:

Security Officer's Signature: _____

Identification: _____

Date: _____ Time: _____ AM/PM

Please deliver to lobby desk