



AUTHORIZED AFTER-HOURS PROPERTY REMOVAL

TENANT _____ TOWER _____ FLOOR(S) _____

PERSON(S) REMOVING _____ (Include company if person not employed with tenant)

PROPERTY _____

ARTICLE(S) BEING REMOVED (Include serial/identification or model numbers)

DATE /TIME TO BE REMOVED _____

AUTHORIZING SIGNATURE – NAME _____
(Please print)

SIGNATURE _____

FORWARD TO: CF Connect
cfconnect@cadillacfairview.co
m Phone: 1-800-665-1000

FOR OFFICE USE	
ONLY DATE _____	TIME _____
RECEIVED _____	
SIGNATURE DISTRIBUTION	<input type="checkbox"/> SUPERVISORS <input type="checkbox"/> SOC <input type="checkbox"/> ACC <input type="checkbox"/> TW1 <input type="checkbox"/> TW2 <input type="checkbox"/> TW3 <input type="checkbox"/> TW4 <input type="checkbox"/> TW5 <input type="checkbox"/> TW6
DESK OFFICER NAME _____	
DATE /TIME OF _____	

REMOVAL