



**EIGHTH
AVENUE
PLACE**

EIGHTH AVENUE PLACE

Property Removal Form

Hines

Date of Removal Request: ____ / ____ / ____
Year / Month / Day

Employee Name: _____ Phone Number: _____
Company Name: _____ Suite Number: _____

Item(s) Being Removed From Property:

X _____
Employee Signature

X _____
Authorized Tenant Contact Signature

This form is not valid without an Authorized Tenant Contact's signature. All information provided in this form is kept confidential. Neither EAP Ownership nor Hines Canada Management Co. II ULC as their agent are responsible for lost or stolen items.

Security Office Use Only

X _____ Date Request Completed: ____ / ____ / ____
Security Personnel Signature Year / Month / Day

X _____
Security Supervisor Signature