



AUTHORIZED AFTER-HOURS PROPERTY REMOVAL

TENANT _____ TOWER _____ FLOOR(S) _____

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

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.com
Phone: 1-800-665-1000

FOR OFFICE USE ONLY

DATE RECEIVED _____ TIME _____

SIGNATURE _____

DISTRIBUTION SUPERVISORS SOC ACC TW1 TW2 TW3 TW4 TW5 TW6

DESK OFFICER NAME _____

DATE /TIME OF REMOVAL _____