650CALIFORNIA

Columbia
Property Trust

Property Removal Pass

Date Completed: _____ **Tenant:** _____

Person Authorizing Property Removal

Name:	Suite:
Signature:	Phone Number:

Individuals Removing Property

Name(s):
Detailed description of property being removed:

Date of Removal:	Hours of Removal:

Approved By: _____ 650 California Building Office
ID verification **(After Hours) Confirmed By:** _____ 650 California Security