



**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