

**POINTE PLAZA**

**EQUIPMENT REMOVAL PASS**

\_\_\_\_\_ is hereby authorized to remove the following equipment from the office of \_\_\_\_\_, Suite Number \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_.

Quantity	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Authorization:**

Tenant Name: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Pointe Plaza Management Office**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Building Management authorization required after normal business hours.**