



## PROPERTY REMOVAL PASS

THE BEARER OF THIS PASS:

(PRINT NAME) THE ITEMS ARE THE PROPERTY OF:

(NAME/ORGANIZATION)		
DATE OF REMOVAL:	DATE MATERIAL MUST BE RETURNED	RETURN NOT REQUIRED
		(INITIAL)
<b># OF ITEMS</b>	<b>DESCRIPTION OF THE ITEMS TO BE REMOVED</b>	<b>SERIAL # (IF ANY)</b>

<b>REMOVAL AUTHORIZED BY:</b>	<b>INSTRUCTIONS:</b>  1. ALL SECTIONS MUST BE FULLY COMPLETED  2. PERSONS AUTHORIZING MUST COMPLETE THE SHADED AREAS IN ITS ENTIRETY  3. KEEP COPY FOR YOUR RECORDS  4. PRESENT THIS FORM AND ALL MATERIAL AT THE LOADING DOCK SECURITY DESK FOR PROCESSING.
(SIGNATURE)	
<b>PRINT NAME</b>	
<b>TITLE</b> <b>TELEPHONE #</b>	
<b>DEPARTMENT:</b> <b>DATE:</b>	
<b>REMOVAL VERIFIED BY SECURITY:</b>	
SIGNATURE	
<b>TIME:</b>	<b>DATE: COMMENTS:</b>