

HINES WARNER CENTER

PROPERTY REMOVAL AUTHORIZATION

TENANT NAME REQUESTING / CONTACT PERSON TELEPHONE

BUILDING ADDRESS FLOOR NUMBER SUITE NUMBER

This form authorizes the following individual to remove the below listed items from the premises of LNR Warner Center:

INDIVIDUAL'S NAME COMPANY NAME

DATE OF REMOVAL LOCATION REMOVED FROM

ITEM 1 SERIAL No.

ITEM 2 SERIAL No.

ITEM 3 SERIAL No.

ITEM 4 SERIAL No.

ITEM 5 SERIAL No.

Authorized by:

PRINT NAME AND TITLE AUTHORIZED SIGNATURE DATE

Office of the Building approval:

PRINT NAME AND TITLE SIGNATURE DATE

Person removing item:

PRINT NAME AND TITLE SIGNATURE DATE

Security:

PRINT NAME AND TITLE SIGNATURE DATE