

**ONE BRIAR LAKE**  
**PROPERTY REMOVAL / PASS POLICY**

This form must be completely filled in by individual requesting the removal of property from premises. This form must be shown to Security when exiting the premises or upon request.

Date:            Time:            AM/            PM

Name:

Room / Suite Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Property Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Asset to be removed by: \_\_\_\_\_

Approved by:

Title \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature