



Columbia Square 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:
# OF ITEMS:	DESCRIPTION OF THE TO BE REMOVED:	SERIAL # (IF ANY):	

REMOVAL AUTHORIZED BY: (SIGNATURE)
PRINT NAME:
TITLE:
TELEPHONE #:
DEPARTMENT:
DATE:
REMOVAL VERIFIED BY SECURITY: (SIGNATURE)
TIME: DATE:
COMMENTS:

INSTRUCTIONS:
1. ALL SECTIONS MUST BE FULLY COMPLETED
2. PERSONS AUTHORIZING MUST COMPLETE THE SHADED AREAS IN ITS ENTIRETY
3. KEEP A COPY OF THIS PASS FOR YOUR RECORDS
4. PRESENT THIS FORM AND ALL MATERIAL AT THE LOBBY SECURITY DESK FOR PROCESSING