



**GEORGIA-PACIFIC  
CENTER**

**PROPERTY REMOVAL FORM**

Date of Request: \_\_\_\_\_

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

Suite/Floor: \_\_\_\_\_

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

\_\_\_\_\_

Serial Number: \_\_\_\_\_

**REMOVAL AUTHORIZATION**

Authorizing Party: \_\_\_\_\_

Date/Time of Removal: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Security Officer: \_\_\_\_\_