



MANI BROTHERS PROPERTY REMOVAL PASS

This will authorize _____ of _____
NAME COMPANY

to remove the following items from the premises:

PLEASE INDICATE SERIAL NUMBER(S) IF APPLICABLE

Authorized By: _____
PRINT NAME TITLE

SIGNATURE DATE

COMPANY SUITE

Received By: _____
SECURITY ASSOCIATE DATE TIME

Security Officer's signature certifies that items removed were physically compared to the items on this form, and that only those items were removed.

Please return via fax to (310) 777-5010 or email to mail@manibrothers.com