BUILDING :	130 King Street West	
TENANT NAME :		SUITE NO. :
	(Please Print)	
AUTHORIZED BY	:	_
	Tenant's Signature	_
This is to authoriz equipment(s)/propert	e (Mr./Ms.) ty from our premises at 130 King Street West,	to remove the following Toronto, Ontario as detailed below:

Description	Rer	Removal	
	Date	Time	