Brookfield

HUDSON'S BAY CENTRE
PROPERTY REMOVAL FORM

BUILDING : 2 Bloor Street East

TENANT NAME : _____ **SUITE NO. :** _____
(Please Print)

AUTHORIZED BY : _____
Tenant's Signature

This is to authorize (Mr./Ms.) _____ to remove the following equipment(s)/property from our premises at 2 Bloor Street East, Toronto, Ontario as detailed below:

Description	Removal	
	Date	Time