PROPERTY REMOVAL REQUEST FORM

**Form CT-08 Bishop Square**

*To authorize the removal of specified items each time you wish to transport property from the building (i.e. personal computers,* furniture, parcels, boxes, equipment, etc.), please complete this form, have an authorized person sign it and return it to the Office of the Building.

|  |  |
| --- | --- |
| Date: | Time: AM PM |
| Name of person/company removing property: |  |
| Driver’s License # of above person: |  |
| Description of item(s) being removed: | |
| Current location of item(s) being removed: | |

|  |  |  |
| --- | --- | --- |
| **Tenant Name:** |  | **Tower:** ASB Pauahi |
| **Suite No.:** |  | **Date:** |
| **Email:** |  | **Phone #:** |

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| **Tenant Authorized Person:** | Signature: |  |
| Type/print name & title: |  |

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| --- | --- | --- | --- |
| **BUILDING MANAGEMENT USE ONLY** | | | |
| **Received:** | Signature: |  | Date and Time: |
| Type/print name & title: |  | |

If you have any questions, please contact the Office of the Building:

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Phone: 808-545-7500 **~**

Fax: 808-523-6008

**~** Email: [bishopsquare@douglasemmett.com](mailto:bishopsquare@douglasemmett.com)

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