

PARK SQUARE BUILDING  
31 St. James Avenue  
Boston, MA 02116

PROPERTY RELEASE FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ FLOOR: \_\_\_\_\_ SUITE \_\_\_\_\_

TEL: \_\_\_\_\_

The aforementioned employee is authorized to remove the following equipment / packages from the premises.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

DESCRIPTION	MODEL NUMBER	SERIAL #	QUANTITY

\_\_\_\_\_  
SIGNATURE OF REMOVER

**IMPORTANT:** A COPY OF THIS FORM MUST BE PRESENTED TO THE SECURITY OFFICER AT THE FRONT DESK BEFORE LEAVING THE PREMISES