

**PROPERTY PASS
METRO CENTER**

DATE: _____

COMPANY: _____

PERSON REMOVING MATERIAL: _____

(Signature)

(Print Name)

OUTGOING ITEMS (INCLUDE SERIAL, ID NUMBERS):

AUTHORIZED SIGNATURE: _____

(Signature)

(Print Name)

(Title)

FOR SECURITY AND ESRT STAFF ONLY

PASS ACCEPTED BY: _____

(Print Name)

(Signature)

DATE & TIME: _____