MICHIGAN PLAZA

Michigan Plaza Authorized Signers

205 225 (please circle) N. Michigan Avenue

Suite _____ Date_____

Company _____

Name Signature

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Please complete this form with the names and signatures of the employees that can approve the removal of items from the building (i.e. boxes, computers, furniture, printers, etc.). This form will be kept on record with the office of the building and the security staff.

Note: it is the Tenant's responsibility to update this form as needed.