

Authorization for Teardown

Company Name:	
Requested By:	
Phone # of person who requested T/D:	
Cell # of person who requeste	ed T/D:
Contact Person at Job Site:	eeee
Cell # of Person at job site:	
Jobsite Address:	
Description of Equipment:	Tower Chutes Frames & Accessories
Type of Teardown:	Partial Complete
	If partial confirm elevation:
Date when ready for pick-up://	
T • 40 011•	

Is equipment free of debris and/or customer's equipment? Yes No