IATP Hamilton Plant Asset Request Form												
Plant Name: Contact Name: Address: Address: City, Province: Postal: Tel: Fax: Email:				F o m		Maple Leaf Fo Hamilton P 21 Brockley D Hamilton 905-573-7	lant rive , On	T O	Co Ao Ci Po Te Fa	ant Name: ontact Name: ddress: ddress: ity, Province: ostal: el: ax: mail:		
Shipping Method				Shipping Terms					Delivery Date			
Lot #	Lot # Description			Reason for Request						emoval & hipping Cost	NBV	
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1. Please complete All Fields and provide detailed Tol Parian Constituted												
Reason for Request. 2. This form must be emailed to TCL no later than Feb 21.						TCL Review C			ompietea:	-		
 Send all correspondence to: TCL Asset Group Inc. – All 							Notes:					
4610 Dufferin Street, Suite 209								MLF Approved Y or N:		Y or N:		
Toronto, Ontario M3H 5S Phone 416-736-1367 ext Fax 416-736-4159 Email: <u>mailto:jalulio@ma</u>				221				MLF Authoriz		d by:	Date	
		TCL USE ONLY:								MLF USE ONLY:		
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www.managingyo	urassets.com	Site Supervisor Initial:										