



نيوم NEOM

## UNIT'S FURNITURE REMOVAL REQUEST FORM

Serial No.

Date

Resident's first Name

Resident's Last Name

Unit No.

Mobile No.

Email Address

I hereby confirm that I have requested the removal of the following furniture / equipment, from my accommodation unit, to the Warehouse:

.....

.....

.....

.....

.....

Resident Signature

Date

**Noted By**

**Nikolaos Stamoulos**  
Community Services Manager

**Approved By**

**Darren Hollywood**  
Manager, Residential Accommodation