Property/ Evidence Disposal Form



FAEC Case #		Date	Time
Insured		Claim/ File #	
Address			
City/State			
Client			
FAEC Consultant	Location		

Description of Property/Evidence				

I, _____, AUTHORIZE THE ABOVE LISTED ITEMS TO BE

Please Print

□ DISCARDED or □ RETURNED BY FAEC TO THE FOLLOWING LOCATION: (please check correct disposition)

SPECIAL HANDLING (indicate):

AUTHORIZING SIGNATURE	-		DATE (757) 265-9333 FAEC PHONE NUMBER
For FAEC Office Use only:			
Property 🛛 returned 🖓 disposed of on	Date	by	Signature

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