

# Property/ Evidence Disposal Form



<b>FAEC Case #</b>	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

\_\_\_\_\_  
 PHONE NUMBER

(757) 265-9333  
 FAEC PHONE NUMBER

<i>For FAEC Office Use only:</i>	
Property <input type="checkbox"/> returned <input type="checkbox"/> disposed of on _____	by _____
<i>Date</i>	<i>Signature</i>