

# CRIB INFORMATION

Manufacturer: \_\_\_\_\_ Model # \_\_\_\_\_

Date of Manufacture: \_\_\_\_\_

Seller # \_\_\_\_\_ Item # \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

LL Committee  
member  
recall check  
\_\_\_\_\_

\*\*attach this sheet securely to item

\*\*If you have trouble locating any of the information, fill out as much as you can and bring the item to your drop-off appointment\*\*

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