Metro Support Services, Inc,
Inventory of Personal Items

NAME:_____

Item	*Condition*	*Brand/Model*	*Estimated Value*	*Serial Number*	*Add Date*	*D/C Date*

Signature of Person Receiving Services: _____

Signature/Title of Person Completing Inventory: _____

Metro Support Services, Inc,
Inventory of Personal Items

NAME:_____

Item	*Condition*	*Brand/Model*	*Estimated Value*	*Serial Number*	*Add Date*	*D/C Date*

Signature of Person Receiving Services: _____

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