



Property/ Evidence Disposal Form

FMI Case #		Date	Time
Insured		Claim/ File #	
Address			
City/State			
Client			
FMI 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

(888) 714-7566
 FMI PHONE NUMBER

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