

DEPARTMENT OF PUBLIC SAFETY HEALTH SCIENCE CENTER AT BROOKLYN

PERSONAL PROPERTY FORM

NAME (Print)

DEPARTMENT/COMPANY (Address if Applicable)

QTY	ITEM	MAKE	MODEL	SERIAL #	DESTINATION-ROOM-DEPARTMENT

ENTRY

DEPARTURE

PROOF OF I.D. (Driver's License or Other)

PROOF OF I.D. (Driver's License or Other)

PLACE OF ENTRY

PLACE OF EXIT

DATE

DATE

TIME

TIME

PERSON'S SIGNATURE

PERSON'S SIGNATURE

OFFICER'S SIGNATURE

OFFICER'S SIGNATURE

ANY DISCREPANCY IN NAME AND PROPERTY SHOULD BE VERIFIED THROUGH THE SECURITY OFFICE.