

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.