

Disposition of Personal Belongings

In the event that I leave my belongings at the _____
(QA Facility) prior to or after my approved discharged date, I hereby
give the following representative my permission to remove all my
belongings within 24 hours of my departure:

Name: _____

Telephone #: _____

Address: _____

Relationship: _____

I understand that if my designated representative does not remove all
of my belongings within the 24 hour period, my property will be
disposed of at the discretion of the Quick Access facility.

Signed: _____

Consumer's Signature

Date: ___/___/___