AUTHORIZATION TO DISPOSE OF RESIDENT'S PERSONAL PROPERTY

Name of Resident:	
Name of Property:	
Unit No	
Current Mailing Address:	
Current Telephone No	
access to the above referenced unit and they wish to retain. The undersigned	, acknowledge that they have had d that they have retrieved all items of personal property further acknowledges that they have been advised to supporting an insurance claim should they have renter's
which remain in the unit and authorize	this time they are abandoning all items of personal propert e owner / manager to dispose of as he / she sees fit. The nent / owner & contractors from all liability with respect to perty will not be stored.
Lease holder:	, printed
Datade	