Inventory Sheet

Please Remember That Insurance Is Your Responsibility!

Date_____ **STORAGE INVENTORY SHEET** Location_____

DESCRIPTION OF ITEMS: (List By Type) LIVING, DINING, BEDROOMS, KITCHEN	# ITEMS	**DESCRIPTION OF ITEMS:** (List By Type) APPLIANCES, OUTDOOR ITEMS, BOXES	# ITEMS

INSURANCE AGENT _____ PHONE_____

INSURANCE COMPANY _____ PHONE_____

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