

The Auditorium

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Please
(818) 3

Affidavit of Loss Form Please Fax to: (818) 351-7899

Date:/ The following is(are) no longer in my possession because it(they) was(were) lost, stolen or destroyed.		
Quantity	Product Name/Description	Product Type
Company:	S:	
Phone number		
Print name:	Title:	
Signature:		

By signing this form I acknowledge that I am an authorized representative of the aforementioned company. I also understand that the items listed above were either: lost, stolen or destroyed beyond repair. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.