

**ARKANSAS AUDITOR OF STATE
SAFE DEPOSIT BOX INVENTORY FORM
New for 2009**

Office use only:

Holder:
Branch ID & Location:
Contact Person:
Title:
E-mail:
Phone #:

Date Drilled: _____
Inventoried By (initial):
1st: _____
2nd: _____

Primary Owner Name & Last Known Address
Name:
SSN:
Address:
City: _____ State: _____ Zip: _____

Co-Owner Name & Last Known Address
Name:
SSN:
Address:
City: _____ State: _____ Zip: _____

QTY#	Description of Items	Face Value

NOTE:

- (1) All information must be typed. No hand written forms will be accepted.
- (2) A copy of this form must be attached to bag with contents. Do not tape.
- (3) Papers need to be posted as " misc papers ". *Do not list each individual document separately.*
- (4) All documents are to be one sided only.

Inventory personnel must print their names, sign & date below. Two signatures are required.

Print name: _____

Signature: _____

Date: _____

Print name: _____

Signature: _____

Date: _____