

EXHIBIT/SEIZURE REPORT

Department		File No.				
Nature of Event						
Exhibits seized by	Date seized					
Location of Seizure						
Authority by which the seizure is made						
Item No.	Description of Exhibits Seized					
		9				
		(2)				

Signature of Investigator Date Signature of Supervisor Date Rep. Page 1 of



MOVEMENT OF EXHIBITS

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Item	Movement to (location)	Date/Time	Recipient	Initials
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