GRANT PARISH SHERIFF'S OFFICE

Steven McCain, Sheriff

HOUSEHOLD INVENTORY RECORD

Owner Name: _____ **Date Inventory Taken:** _____ **Page** _____ of _____

Address: _____ **Phone Number:** _____

Original receipts, cancelled checks, repair bills, or verification photos to support items listed should be attached, if available. Please retain this form in a safe place in your home or another trusted location. You may make copies of the original if there are not enough spaces in this form. This form should be updated every as new items are purchased. Please be sure to include as much information below as possible.

Make	Model	Color	Serial Number	Original Cost	Description