

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

DATE ISSUED
DATE EXPIRES

PROPERTY PASS

INSTRUCTIONS: Prepare an original and 2 copies (1 set). This form is to be used whenever property is removed from a headquarters complex building by an individual. It is to be properly filled in and signed by a signature authority registered with OS Security.

DISTRIBUTE as follows:

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|----------------|--|
| Part 1 (WHITE) | Surrender to Guard |
| Part 2 (PINK) | To be retained by person removing the property |
| Part 3 (BLUE) | Retain by Custodian |

DESCRIPTION OF PROPERTY *(Model, Manufacturers serial no., HHS property number)*

REASON FOR REMOVAL

NAME OF BORROWER	NAME OF CUSTODIAN <i>(Print)</i>	TELEPHONE NUMBER
PROPERTY BELONGS TO <i>(Bureau, Division)</i>	SIGNATURE OF PERSON AUTHORIZING REMOVAL OF PROPERTY	
CUSTODIAL AREA LOCATION <i>(Bldg. / Room)</i>	TITLE	