

CRIB INFORMATION

Manufacturer: _____ Model # _____

Date of Manufacture: _____

Seller # _____ Item # _____

Print Name _____

Signature _____

LL Committee
member recall
check

**attach this form securely to the crib

ALL of this information must be filled out. If the model number or date of manufacture is not on the crib, we are unable to sell the item

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