

STROLLER INFORMATION

Manufacturer: _____ Model # _____

Date of Manufacture: _____

Consignor # _____

CHECK ONE:

_____ I certify that this item has not been recalled and is in good working order.

OR

_____ If this stroller has been subject to a recall, I certify that it has been fixed per the manufacturer's instructions which included, _____ and is in good working order.

Consignor Initials _____ Date _____

- Attach this sheet securely to item.
- If you have trouble locating any of the information, fill out as much as you can and bring the item to your drop-off appointment.

To be completed by CHECK-IN CREW: _____ Volunteer Initials
If this pack-n-play was involved in a recall, is the manufacturer fix apparent? Yes _____ No _____

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