## Colville Confederated Tribes Property Insurance Content Listing

rogram Name:	
ddress (Physical)	
ity, State, Zip	
rogram Manager's Name:	
erson Completing the Form:	
hone Number:	
mail Address:	

## Page 1

Item/description	Age (Appx)	Store Purchased	Quantity	Original Purchase Price
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00
			0	\$0.00