



# מכירת חמץ שנת תשע"ט

*Congregation Ohav Emeth*

*415 Raritan Avenue*

MECHIRAS CHOMETZ FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

Will you be in our time zone? \_\_\_\_

If you will be away, have you enclosed key? \_\_\_\_

<u>Type of Chometz</u> (Liquor, Drugs, Cereal)	<u>Location</u> (Medicine, Chest, Pantry)	<u>Approx. Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

I hereby authorize ~~//////~~ Rabbi E. Kaufman to transfer, sell and/or dispose of all my Chometz, and lease or sublease all necessary areas.

PLEASE DO NOT MAIL - KINYAN MUST BE MADE PERSONALLY

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