

## PASSOVER 5770

*The requirement of burning Chometz is limited to foods under Jewish ownership and possession. Chometz that has been transferred to a non-Jew need not be destroyed. Such transfer of Chometz, by a legal and binding sale with properly executed contract gives the non-Jew full title to all Chometz. The legal intricacies covering this transfer of property are many and only a competent Rabbi should be entrusted with its execution.*

*To avoid having Chometz in your possession during Passover, please fill out this "Sale of Chometz" form below and send to our office no later than March 25,2010. **We cannot accept responsibility for forms received after this date.***

### SALE OF CHOMETZ FORM

Know ye that I, the undersigned, fully empower and permit Rabbi Sholom Ciment to act in my place and stead, and in my behalf to sell all Chometz possessed by me (knowingly or unknowingly) as defined by the Torah and Rabbinical law (e.g. Chometz, possible Chometz, and all kinds of Chometz mixtures). Also, Chometz that tends to harden and to adhere to inside surfaces of pans, pots or cooking utensils. And to lease all places wherein the Chometz owned by me may be found, especially in the premises located at \_\_\_\_\_  
\_\_\_\_\_ and elsewhere. **Please list all addresses where your property is owned**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rabbi Sholom Ciment has the full right to sell and to lease by transactions, as he deems fit and proper and for such time which he believes necessary in accordance with all detailed forms as explained in the general authorization contract which has been given this year to Rabbi Ciment to sell the Chometz.

This general authorization is made a part of this agreement. Also, do I hereby give the said Rabbi Sholom Ciment full power and authority to appoint a substitute in his stead with full power to sell and to lease and provide herein. The above given is in conformity with all Torah, Rabbinical Regulations and laws, and also in accordance with the laws of the State of Florida.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

E-Mail: \_\_\_\_\_