Department of Corrections

Inmate Personal Property List (Please Print)

Inmate Name: Institution:					Number: Date:					
					ate					
Item	Number	ID#	-	ested osition	Fina Dispos		Date	Officer's Initials	Inmate's Initials	
Cash Total Amount: Retaine				: Amount Deposited:						
 () I agree to mail the above i () I do not have the necessal () I agree that the above iter 	ry funds for postage	e. However, I w	ill obtain th	ne necessary f	funds during	g the thirty	(30) days allowe	ed for disposition c	of these items.	
Request Items be Mailed To:										
·		,	Mitnoss							
Name:			Witness:	Signature of Officer				Rank		
Address:										
				Institution	on or Community Facility			Date	Date	
				Signature o	of Inmate		Inmate Numbe	er Date		
Distribution:		۔								
White To inmate when property is collected Yellow To property room when property is collected Pink To inmate's Personal Property file Goldenrod In package being mailed home or to inmate in case items are for				Symbols indicate: D - Dispose F - Forfeited L - Lost/stolen M - To be mailed			eited /stolen	R - Return to inmate S - Stored W - Worn out		