**PROPERTY APPEAL**

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| --- | --- | --- | --- |
| Name | | DOC number | **COMPLETED BY DEPARTMENT** |
| Date of notification:  Date appeal filed:  Date response given: |
| Facility | Living unit | Case number |

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| **COMPLETED BY** **INCARCERATED INDIVIDUAL** |
| Property description          Reason for appeal:                  Signature Date |

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| **RESPONSE** |
| Appeal decision:  Upheld  Reversed  Reason(s)            Superintendent/designee Signature Date |

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** - Property file **COPY** - Incarcerated individual