RETURN OF PERSONAL PROPERTY

Hearing date: _____ Disposition: _____

WAC violation(s): _____

Facility/location: _____

Date confiscated: _____ Date presented in hearing: _____

Case number: _____

Hearing appealed? ☐ No ☐ Yes, decision: _____

Property owner: _____ DOC number: _____

How was the owner determined? _____

_____

_____

_____

Date disposition determined: _____ Date sent to property room: _____

Description of property being returned: _____

_____

_____

_____

By my signature below, I acknowledge I have received the above-described personal property and it is in the same condition as it was when confiscated.

Property owner	Signature	Date
Returning employee/contract staff	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. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Property File **COPY** - Property Owner