## Minnesota Correctional Facility-Red Wing

## **Search/Inspection Notification**

Resident Name:	OID:  Room #:					
Living Unit:						
Date of Search:	Time:					
Reason:	□Random	□Suspicion	□Other			
RESULTS:						
					to be mailed out of the	facility
within 45 days at	t the resident	's expense, or it	will be disp	osed of by staff.		
Signature(s) of	staff who pei	formed search	_			
				Printed name:		
			_			
			_	Printed name:		