## Minnesota Correctional Facility-Red Wing

## **Search/Inspection Notification**

Resident Name:				OID:			
Living Unit:			Room #:				
Date of Search:			Time:		<del>_</del>		
Reason:	$\square$ Random	Suspicion	□Other				
RESULTS:							
Any personal pro within 45 days at	-				ds to be maile	ed out of the fa	acility
Signature(s) of	staff who per	formed search					
			Pri	nted name:			
			Pri	nted name:			