

Minnesota Correctional Facility-Red Wing  
**Search/Inspection Notification**

Resident Name: \_\_\_\_\_ OID: \_\_\_\_\_

Living Unit: \_\_\_\_\_ Room #: \_\_\_\_\_

Date of Search: \_\_\_\_\_ Time: \_\_\_\_\_

Reason:       Random       Suspicion       Other

**RESULTS:**

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Any personal property that is considered contraband and is confiscated needs to be mailed out of the facility within 45 days at the resident's expense, or it will be disposed of by staff.

Signature(s) of staff who performed search

\_\_\_\_\_

Printed name:

\_\_\_\_\_

\_\_\_\_\_

Printed name:

\_\_\_\_\_