SAMPLE – USE FORM IN TRIPLICATE FORMAT

MINNESOTA DEPARTMENT OF CORRECTIONS
HOF INCARCERATED PERSON PROPERTY REMOVAL RECEIPT

INCARCERATED PERSON'S NAME **O.I.D. #**

COUNTY **DATE / /**

Describe items, identify by color, make, and if possible, serial number. State disposition of all items.

ITEM	DISPOSITION

The items described and identified above were received and inspected by officers and the incarcerated person on the above date. We hereby agree that they were in acceptable condition.

INCARCERATED PERSON SIGNATURE:

DATE:

REFUSED TO SIGN:

DATE:

OFFICER'S SIGNATURE (and printed name):

DATE:

DISTRIBUTE: WHITE – County Retain YELLOW – Incarcerated Person Property Box PINK – Incarcerated Person's Copy