Minnesota Correctional Facility- Red Wing

Resident Property Exchange

Resident's Name: _____ **OID:** _____

Living Unit: _____ **Date:** _____

Item Requested: _____ **Quantity:** _____

Size: _____

Verified by Staff: **Date:**

Shoes: ☐Worn out ☐Too small ☐Other: _____

Pants: ☐Too short ☐Too long ☐Too small ☐Other: _____

Item Requested: _____ **Quantity:** _____

Size: _____

Verified by Staff: **Date:**

Shoes: ☐Worn out ☐Too small ☐Other: _____

Pants: ☐Too short ☐Too long ☐Too small ☐Other: _____

Item Requested: _____ **Quantity:** _____

Size: _____

Verified by Staff: _____ **Date:** _____

Shoes: ☐Worn out ☐Too small ☐Other: _____

Pants: ☐Too short ☐Too long ☐Too small ☐Other: _____

Property Staff

Item Requested: _____ **Size:** _____ **Quantity:** _____

Issued: ☐Yes ☐No ☐New ☐Used **Comments:** _____

Rejected Reason: _____

Item Requested: _____ **Size:** _____ **Quantity:** _____

Issued: ☐Yes ☐No ☐New ☐Used **Comments:** _____

Rejected Reason: _____

Item Requested: _____ **Size:** _____ **Quantity:** _____

Issued: ☐Yes ☐No ☐New ☐Used **Comments:**

Rejected Reason: _____

I received the above items: _____

Resident's Signature **Date**

****Property will not be exchanged without staff verification signature****