

**Clinton Police Department
Property and Evidence**

PROPERTY AND EVIDENCE RETURN REQUEST

Please note, property and evidence releases are only done by appointment Tuesdays and Thursdays from 9:00 AM – 11:00 AM. Once this form is submitted and the case is researched, you will receive a follow up call at the phone number you provide below. At that time, a scheduled appointment will be set to pick up property that is authorized for release. If you cannot come between these hours, please fill out the section below to designate a person to pick up the items on your behalf. A state issued photo ID is required for release of property and must be presented at the time of pick up.

THIS FORM MUST BE FILLED OUT COMPLETELY FOR ALL PROPERTY AND EVIDENCE RETURNS.

Date: _____ Approx. Date of Incident: _____ Case #: CL _____
Location of Incident: _____ Apartment/Unit # _____
First Name: _____ MI: _____ Last Name: _____
Your Address: _____ Apartment/Unit # _____
City: _____ State: _____ Zip Code: _____
Birthdate: _____ Best Contact Phone: (____) _____ - _____

Please list the property and evidence for release and your claim of rights to the property.

Property	Claim to Property
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder
	<input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder
	<input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder
	<input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder
	<input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder
	<input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder
	<input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____

Comments: _____

☐ I am unable to pick up my property during assigned property and evidence release times of Tuesdays and Thursdays from 9:00 AM – 11:00 AM. I authorize my items to be released to the following person:

Name: _____ Phone: (____) _____ - _____

Requestor's signature authorizing release: _____ Date: _____

Please provide a copy of your state issued ID with this form if the property will be released to someone else.

ITEMS NOT PICKED UP WITHIN THIRTY (30) DAYS OF MISSED APPOINTMENTS THAT ARE NOT RE-SCHEDULED SHALL BE CONSIDERED ABANDONED AND DISPOSED OF ACCORDINGLY.

