

PROPERTY DROP OFF FORM

DATE : \_\_\_\_\_ TIME : \_\_\_\_\_

INMATE NAME : \_\_\_\_\_

PROPERTY DROPPED OFF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PERSON DROPPING OFF PROPERTY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY**

The above listed property was accurate as listed above.

The above listed property had the following discrepancies:

\_\_\_\_\_  
\_\_\_\_\_

The above listed items were all or contained medications.

All medications are kept in the medical room

Items placed in inmate's property:

Item Description	Reason in Property Box
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date/Time Items Taken in: \_\_\_\_\_

Jailer Who Took Property In: \_\_\_\_\_

Date/Time Items Distributed: \_\_\_\_\_

Jailer Who Distributed It: \_\_\_\_\_